Cyberseminar Transcript

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Session: Coping with COVID-19: Virtual Resources for Patients and Providers

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Rob: And as it’s just now a little bit past the top of the hour, I’d like to turn things over to Julie Weitlauf, who has been hosting the last three webinars. Julie, can I turn things over to you?

Dr. Weitlauf: Yes, thank you. So, as you all can see, you can actually scan these apps and follow along, if you would like.

And now if we forward to title slide, what I would want to say is that as you may know, at the beginning of the COVID outbreak, we at the Career Development Enhancement Initiative, the CDAEI, through the Menlo Park VA did a national needs assessment that assessed where the stresses and strains and where the questions were coming from within the HSR&D Community. And after we got the data, we crafted a series of Cyberseminars to address the most topical questions that were coming up. The first Cyberseminar addressed issues of management of our research portfolio, and career development awardees early career trajectory during this really stressful time. The second one addressed personal stress and coping, symptoms that may emerge in the context of COVID and the Black Lives Matter and the sort of social unrest that was happening earlier in the season. And this is the final of these three series and it’s in response to requests to more broadly understand the resources that are available to help both patients and providers. So I’m delighted to have Colleen and Kathleen [sic] from the National Center for PTSD talk about the broad array of mobile apps that are available through VA to address stress and coping. So with that, I am going to turn it over to those two, and you guys take it away.

Dr. Becket-Davenport: Thank you so much, Julie. So this is Colleen. Colleen Becket-Davenport, I should say, and I’m a Clinical Psychologist at the National Center for PTSD and I’m joined by Katherine or Katie Juhasz, who is a Health Science Specialist at the National Center for PTSD. We’re going to go ahead and start with a poll. I am curious to know who is on the call today, so Rob if you want to pull up that first poll there.

Rob: The poll is launched. Colleen would like to know: What is your primary role? And the answer options are: Research, clinical, and administrative. And other. And if other is your answer, you can feel free to enter what that is in the questions section, the questions pane that I referred to during my opening, and I will read that to Colleen and Katie when I close the poll and talk about the results. So we have about 65% of your audience having made their choices, Colleen. So I will leave it open for a few more seconds to let it come up a little bit more. It usually levels off around 70 or 80%.

Dr. Becket-Davenport: You know, for some reason, I can’t see it. Is that normal?

Rob: That’s normal. That is normal, yeah.

Dr. Becket-Davenport: Okay.

Rob: Yeah. Everybody else can see it except you.

Dr. Becket-Davenport: All right.

Rob: So we’re at a little over 70, so I’m going to go ahead and close the poll and share out the results.

So Colleen, 57% of your respondees answered research, 35% answered clinical, only 3% answered administrative and 5% answered other, and I got one other, which says: Both clinical and research. And so I’m going to close the poll and we’re back on your slides.

Dr. Becket-Davenport: Okay, perfect. All right. And so I appreciate everyone kind of weighing in with their roles here. It sounds like we have a really nice blend in the audience of clinicians and researchers and admin folks, and you know, we’re always curious to hear who we have in the audience, and our hope is that regardless of your role, whether you’re a researcher or a clinician, if you’re working with patients directly or not, that this webinar is going to be useful to you, and that’s for the simple reason that our apps are for everyone. Obviously, our apps have been designed with Veterans in mind, but they are able to be used by anyone and we’re going to talk about a few of those today, how they can be used for self-care not only for patients, but for clinicians as well.

I covered that. And so here is what we’re going to be covering today. Our objectives are going to start with Julie, who is going to talk a little bit about the current impact of the events on providers, and then Katie and I are going to present a few of the VA self-care apps that have been developed by the National Center for PTSD that we think might be particularly useful during this time. And those four apps are: COVID Coach, Insomnia Coach, Mindfulness Coach, and then PTSD Coach with the new digital safety plan. We do have the QR codes up on that first screen. We do encourage you to download these to follow along. You can also just find them by searching for them in either Google Play or the App Store, depending on your device. The one thing I do want to mention is that if you have an Android and you are trying to find COVID Coach in Google Play, there is a little bit of an issue there. What you’re going to want to do is search for COVIDCoach, one word, without the space, which will help pull up that app a little bit more effectively. You can also search for COVID Coach on the National Center for PTSD website and be linked directly to Google Play from there. But that’s just one thing I want to note. And then we’re going to finish up the day by offering some additional resources so that you can learn more about VA digital resources. So with that, I will turn it over to Julie to get us started with some discussion.

Dr. Weitlauf: Well, thank you. Just a brief couple of points here. You know, one of the things that we found during the needs assessment but also in the context of implementing the prior two Cyberseminars, was that the overwhelming majority of people within the HSRD research community that responded to that survey and it was over 100 people, nationally. Was that levels of stress were very high when COVID first broke out and that was both related to personal and professional stressors. And they have maintained at a really elevated rate. At least 75% of the attendees at our last Cyberseminar, all of whom were research and clinical professionals in VA, told us that they were continuing to have poor sleep at least one night per week, many of them told us that that ratcheted up dramatically during the period of social unrest, that there was a lot of concerns about the well-being of their colleagues. We’ve heard a little bit about uptick in maladaptive coping, including, not making—not sure if people are making the right decisions with parenting their children, wondering if the social time on Zoom and the happy hours is leading to a little bit too much social drinking, and just a general sense of being kind of disconnected and out of their schedule. So we wanted to give you an opportunity to look at some of these clinical apps to sort of address some of those symptoms that are cropping up. So with that, I’ll just say the stress is not something that is only affecting our patients right now. We know for sure that the workforce in VA is struggling a little bit as well, and this is in part in response to that. Okay, you guys take it away.

Dr. Becket-Davenport: Thanks, Julie. All right, so with that I’m going to ask Rob to pull up our second poll. We are going to be asking about your use of health-related apps.

Rob: Thanks, Colleen. And that poll is launched. Question being: Have you ever used a health-related app? And the answer options are yes.

Dr. Becket-Davenport: And most people are in.

Rob: Go ahead.

Dr. Becket-Davenport: No, you go ahead, Rob.

Rob: I’m just filling dead air.

Dr. Becket-Davenport: Okay.

Rob: Anyway. Yes, all the time. Yes, sometimes. Yes, once, or twice. Or, no.

Dr. Becket-Davenport: Okay. And Julie, I’m curious to hear, what would your answer be to this poll?

Dr. Weitlauf: Yes, I have.

Dr. Becket-Davenport: Sometimes, all the time, once or twice?

Dr. Weitlauf: Once or twice. I’m a low-tech, I’m still a low-tech person.

Dr. Becket-Davenport: Absolutely. And I think, you know, we’ll see in a second from the poll that that is a pretty typical answer we hear from VA providers. But I think we have a full range of users, from those who are experts, to novice users, to those who haven’t ever tried it. So I’m curious to hear what the audience experience is.

Rob: By the way, audience members, if you’re having trouble selecting your choice, it’s probably because you’re viewing the webinar in full-screen mode, so if you hit exit out of that, it will allow you to make your choices. But I’m going to ahead and close this poll, because it has leveled off at around 75% so I’m going to, like I said, close it and share out the results.

And Colleen, I’ll let you know, because everybody else can see it, that 18% answered: Yes, all the time. Forty-six percent answered: Yes, sometimes. The, by far, largest number. Fourteen percent answered: Yes, once, or twice. And 22% answered: No. And again, we’re back on your slides.

Dr. Becket-Davenport: Excellent. So that’s a pretty broad range here that we’re hearing but sounds like most of you answered, or almost most of you, that you’ve recommended apps sometimes. And you know, I think we’re seeing that health-related apps are growing in their popularity. Lots of different examples. So, you know, we have sleep wearables that you can use to monitor your sleep throughout the night. We have blood pressure monitors. I personally know I use my pedometer all the time, particularly during COVID and I’m doing these long walks to try to get myself outside and I’ve been having fun tracking my miles. Also calorie tracking are really popular in the weight-loss apps, mindfulness apps. Julie, Katie, what have you heard? We’ll start with you, Julie. Any health-related apps you’ve used?

Dr. Weitlauf: Well, I do use Insomnia Coach with my patients and for some of them, they really like it. For others of them, it became one more app to try to navigate. And I also use the pedometer, of course.

Dr. Becket-Davenport: Okay. How about you, Katie?

Ms. Juhasz: I have been on COVID Coach. I have been getting the daily quotes and those are always inspiring when I read those first thing in the morning. And I also like Mindfulness Coach, for a little bit of mindfulness activities, usually in the early evening.

Dr. Becket-Davenport: Awesome. Some great options. We’ll talk a little bit more about some of those apps that Julie and Katie mentioned a little later. Before we dive into the features of each of those apps, I do want to kind of back up for a minute and talk about why the National Center for PTSD has chosen to invest so much time and resources into this development of apps. All right, so why apps?

I’ll start by talking about just kind of the advantages of smartphones. So when we’re talking about smartphones, we know that they are accessible, right? So 81% of the population owns a smartphone. And when we’re talking about servicemembers, that number gets even larger. We’re looking at about 89% of servicemembers own smartphones, right? So they are accessible to the general population in a way that psychotherapy sometimes is not. They’re also physically accessible, right? We may forget something when we leave the house, but probably not our phones. And they’re discreet, so they can be used really discretely to manage in the moment distress, so that’s whether you’re on a bus or in a waiting room. And this is really important with a population that really consistently names stigma as a barrier to engaging in care.

All right. And they also can be used to facilitate mental health treatment. And so a few advantages here, they do facilitate the transmission of information to the patient quickly. So we’re talking about things like worksheets, psychoeducational materials, all those things that might have to be transmitted in different ways. Apps can support evidence-based practices. So we’ll mention these later, but we do have a number of treatment companion apps that can be used to facilitate homework, set reminders for sessions, and other things like that, to facilitate that treatment. They can also be used to track symptoms. So all of our apps have some form of symptom tracking, which we will review in a little bit. And they can help support maintenance of treatment gains. This is so important, right? Because we understand that self-care belongs at all phases of care, right? Pre-treatment, during treatment, post-treatment. And so we want to make sure that some of the skills that they learned during treatment are maintained. And finally, it can be used, all of these benefits can be used to support telehealth, right? So it can be used to send patients different skills, worksheets in the app, rather than having to print them or share your screen, or other ways that we’re having to share information via telehealth.

And so for all of these reasons, the National Center for PTSD has developed a suite of mobile mental health apps. Our first app was in 2011, and that was PTSD Coach. And that was followed by PE Coach, in 2012. And as of now we have 19 apps in total, with several more in development. Most notably, we have Beyond MST which is coming out hopefully in the fall. And I do want to add too, that as of May of this year, our apps have been downloaded almost four million times in 145 countries across the world. So these are being used in communities all over the world, which is great.

The National Center for PTSD has two types of apps, generally speaking. So to your left here we’re going to see what we call our self-care apps, and these apps were designed to be used by anyone who would like to learn how to manage symptoms on their own. Of course, though I do want to mention that they can be used while engaged in treatment, and as I said before, self-care belongs at all phases of care. And then on the right here we have our treatment companion apps, and these are to be used in conjunction with an evidence-based psychotherapy. So for example, cognitive processing therapy or prolonged exposure therapy. PTSD Coach and Mindfulness Coach are our most popular self-care apps, and CBT-i Coach, which is, of course, meant to be used alongside a Cognitive Behavioral Therapy for Insomnia, is the most popular of our treatment companion apps. All of our apps are available for iOS and most are available for Android. So it sounds like Julie, I heard you have been using Insomnia Coach, and Katie I heard mention Mindfulness and COVID Coach. These apps have a ton of different uses and we’ll talk about those in just a minute.

Quickly though, I do want to mention that the National Center for PTSD apps do have a number of kind of benefits when compared to other apps in the marketplace, and it’s important review those as well. So in addition to them being free, and publicly available, they are also private, right? So no data that could be used to identify anyone is sent to the VA or third parties. So all information that’s entered into the app, and this includes things like names, phone numbers, images, music, cannot be accessed or shared by the VA. We do, what sections of the app people visit or what feature someone was using when the app crashed is something that we are able to access, but this of course is anonymous data and users can actually opt out of anonymous data sharing. Again, this is all information we use to correct technical problems, but they can opt out of that, as I said. I also want to mention our apps are fully Section 508 complaint. And so for those of you who may not be familiar, what this means is that all of the audio is closed captioned and that the images have alternative text or screen readers, and we also track things like contracts and page order, so the apps should work with the assistive technology programs that someone may be using on their mobile device. They are also evidence-informed, so they’re grounded in a strong evidence base from current literature, as well as clinical and subject matter expertise. And the reason that this is important is because a vast majority of mental health apps in the app marketplaces have not been evaluated and they are not particularly transparent about their development process. If you’re curious about different apps that you may encounter that are not VA apps, we do encourage you to check out some independent organizations that provide ratings for mental health apps, and that includes both the Anxiety and Depression Association of America, as well as psyberguide.org. And that’s psyber, P-S-Y, psyberguide.org. And lastly, while our apps have been tailored to Veterans and VA providers, they can be used by anyone. And we do have an in-house team that responds to questions and comments and complaints. If you ever have a question or want to make a suggestion about our apps, we highly encourage you to email our team at mobilementalhealth@va.gov. Again, that’s mobilementalhealth@va.gov. And our team usually responds usually, I’ve seen it’s been about the same day but certainly within several days.

Okay. Third poll question of the day, if you want to pull that up Rob.

Rob: There it is. And the poll question is: How likely are you to try out one of these apps in the next two weeks. Quite simply: Yes or no.

Dr. Becket-Davenport: Rob, I think we are on Poll 3 and I believe what you just read is Poll 4.

Rob: Oh, I apologize.

Dr. Becket-Davenport: That’s all right.

Rob: I think I may have either created them out of order or messed something up. GoToWebinar was giving me a hard time the other day.

Dr. Becket-Davenport: That’s all right.

Rob: So I apologize.

Dr. Becket-Davenport: I just wanted, if you have it.

Rob: Go ahead.

Dr. Becket-Davenport: I was just going to say, so this one is: Have you ever recommended a health-related app to a Veteran?

Rob: Okay. Now, once one’s started, I can’t stop it. So we should probably see this one through.

Dr. Becket-Davenport: All right.

Rob: I apologize. So I’ll go ahead, close it, and share out the results. And 78% answered yes and 22% answered no. Let me see if I can actually find, what’s the question?

Dr. Becket-Davenport: So this question was: Have you ever recommended a health-related app to a Veteran? I just want to say I’m impressed that after hearing almost nothing about the specifics of our apps that 78% of you are interested in recommending an app to a Veteran. So it sounds like we’ve done our job. I don’t know if we need to continue.

Rob: Okay, well, I found the right one. It wasn’t out of order, I just clicked on the wrong thing today. Would you like me to run that poll now?

Dr. Becket-Davenport: Yes, please. Thank you.

Rob: Okay. Here you go. I apologize. Have you ever recommended a health-related app to a Veteran? Answer options are: Yes, many times. Yes, occasionally. Yes, once, or twice. And, no.

Dr. Becket-Davenport: And I’m going to ask, while we’re waiting, I’m going to ask Julie to comment again. Have you ever recommended a health-related app to a Veteran?

Dr. Weitlauf: I have not. I actually am almost 100% research in VA, so I don’t treat Veterans very often.

Dr. Becket-Davenport: I see. I think that’s a common experience. And I think we’ll talk a little bit about this later, but our apps do have uses for research purposes as well, which is really exciting and something for people to think about as we’re reviewing the features of the app. You know, could these be used to facilitate your research? That’s an important question to ask, too.

Rob: Okay, things appear to have leveled off. Colleen, would you like me to go ahead and close the poll now?

Dr. Becket-Davenport: Yes, please. Thank you.

Rob: And sharing out the results: 17% answered yes, many times; 26% answered yes, occasionally; 21% yes, once, or twice, and 36% no.

Dr. Becket-Davenport: Okay. All right.

Rob: And now we’re back to your slides.

Dr. Becket-Davenport: So it sounds like a majority of you have recommended an app at least once or twice. And I would say that I’ve been hearing—so part of Katie and my work at the VA is that we are involved in a project that seeks to expand the reaches of our app, and part of our work has been speaking with providers all over the country about their use of technology with Veterans and certainly we’re specifically interested in their use of VA apps. We’ve been hearing about a number of other apps that have been recommended. So things like Calm and Headspace are very popular. ReSound for folks that are struggling with tinnitus, is a really popular one as well. There’s all kinds of different apps out there that can be used. But something that’s really important to think about when recommending an app to a patient versus just using one ourselves, is it’s a lot more of an involved process, right? So we need to consider things like cost and reading level, things like privacy and security. And also the evidence base. And I think it’s also important to think about the investment of time because when we can just pull up an app for ourselves and try it and play with it a little bit, but when we’re recommending an app to a Veteran or any other patient, we want to be sure that we know the ins and outs of the app, because it’s like any intervention, right? We want to know what we’re recommending. And so it is a little bit more complex than just using them ourselves.

All right, so I’m going to move forward from there. I’m going to turn it over to Katie to talk a little bit about some of the support for VA Mobile Mental Health Apps.

Ms. Juhasz: All right. Thank you so much, Colleen.

So I know we were anticipating that there would be a number of researchers on the call, so we did want to give you just a little bit more detail about some of the research that has been conducted on our mobile apps. And here, we have just a brief summary. There are a lot of references at the end, and I’ll show the graphs in a moment. Generally speaking, the VA apps, and this includes apps like PTSD Coach, Mindfulness Coach, CBT-i coach, many of the ones that have already been mentioned, are generally acceptable to patients and providers. And when we were looking at feasibility and acceptability, it was important to us to put it in sort of broad terms. So we asked people before they had ever used the apps, we described them and said, if you’ve ever worked with an app with this or if you were to get access to an app like this, do you think you would try it out? And people generally said, yes, we would absolutely try it out. They’d be interested. And we think that’s an important point, because we want to make sure that people who are recommending apps aren’t selectively recommending them. That it’s something, generally speaking, that you could recommend across the board. And so we want people to know that the only way that you can actually tell if something is preferable to somebody is by asking them. So just knowing that they are acceptable to most Veterans is worthwhile.

And getting more specific, looking at PTSD Coach, Dr. Eric Kuhn led a study looking at Veterans using, or excuse me, I think this is a civilian sample, using PTSD Coach versus a waitlist control. And they found that there was a significant reduction in PTSD symptoms in the group. There was also an increase in coping self-efficacy, so those are both things that are good to see.

And then in another study, led by Dr. Kyle Possemato, they found that when clinician-supported PTSD Coach users were offered a mental health referral, they were more likely to take it, than those who were just using PTSD Coach on their own, without clinician support. We’re looking at the usage of these apps in a number of different ways, trying to see if there are different levels of benefit that somebody could get from different levels of support. So that’s why this one in particular was looking at people using the app independently and then with a minimal amount of clinician support, and then as Colleen mentioned, apps that are fully integrated into the care that’s being provided, those are treatment companion apps.

There are a number of ongoing studies as well. So this is a lot of information on this slide. I’m not going to cover all of it right now but for those who are interested, there is a paper in the works called Mindfulness Coach in the Wild, and so Dr. Jason Owen, who is our mobile apps team lead, has been looking at some of the longitudinal data from Mindfulness Coach. As Colleen mentioned, we don’t collect any identifiable information, but we do get a lot of information in terms of what people are using within the apps. What buttons are they pressing, what exercises are they trying out, or what tools? And so add that over time, and as you can see on here, from the period of August 1st, 2019 to April 8th, 2020, there were over 100,000 unique installations of PTSD Coach. And they wanted to know, with all of those installations, how many people are using it repeatedly, and then how are they using it over time? And so this is just being analyzed right now, and we’re hoping that this paper will be out, I would guess, sometime next year.

There’s another pilot evaluation that Dr. Eric Kuhn led on Insomnia Coach, which is one of our newest apps in our portfolio. And the app itself was actually ready a couple years ago, but it’s a little bit different than some of our other self-care apps, and we’ll talk about it a little bit more shortly. And so we wanted to make sure that there weren’t any risks with using this one, in particular. For those who are familiar with Cognitive Behavioral Therapy for Insomnia, the protocol does call for sleep restriction, which can be contraindicated for a number of different circumstances and conditions that people might have, and for somebody who is using it as a self-management tool, we wanted to be sure that they understood how to use it and that it wasn’t going to be dangerous for them in any way. Especially if they weren’t necessarily going to be using it alongside a provider. And the good news is that the people really liked it, they had strong follow-up rates, and there were no adverse events; nothing that people found aversive, no issues that came up during the pilot. They’re still following up with the qualitative interviews for this and so far they were able to get a number of specific recommendations that we were actually able to use to create changes in the public version of Insomnia Coach before releasing it, so just a nice example of how we’re able to collect data on some of our apps and then actually feed that back into the development process to include them for the broader audience.

And Colleen, I think I’m going to hand it back over to you to dive into some of our self-care apps.

Dr. Becket-Davenport: Okay. Thank you, Katie. Okay. All right, so let’s talk about some of the specific features of some of the apps. But before we dive into COVID Coach, I do just want to mention all of our self-care apps for the National Center do have similar components. So they all have Learn, which is a feature that has psychoeducational readings. They all contain Skills. And when I say skills, I mean coping skills and exercises. Some form of symptom tracking, and we do always mention in our trainings for patients and providers that our apps can’t diagnose but certainly you can track your symptoms over time. They all contain crisis resources, so at a very minimum, the Veterans’ Crisis Line, but many of our apps have expanded crisis resources, depending on the kind of thematic content of the app. And they all feature some sort of customization. So that can be all the way from being able to upload your images and songs, music files, all the way to just the ability to save favorite tools for easy access later on.

All right, the first app we’re going to cover today is COVID Coach. This app, it’s one of our newest apps, released in April, and it was developed for those who wish to manage stress that they’re experiencing related to the COVID-19 pandemic. Through this app, users can learn ways to improve their well-being, use trackers for mental health and personal goals, find tools for coping and self-care, as well as links for additional resources.

And so a little bit about the development of COVID Coach. As I said, it was released in April 2020 and was developed in March of 2020, so a much faster timeline than our other apps. And part of the reason that we were able to fast track this app was that it’s based on an existing app, PTSD Coach, but then was tailored to meet the needs of the current situation. We were also able to include some additional features that were not available in PTSD Coach. So for example, integration of tools into the different features of the app. So for example, we have learn content in most of our apps which is comprised of short readings about various topics, or some FAQs, and in COVID Coach, there’s also suggested tools and resources at the end of each reading, which are relevant based on the reading, which is pretty cool. They also have additional assessments and we’ll look at those in just a minute, as well as expanded resources. So most of our apps give a limited set of resources which include things like the Veterans’ Crisis Line and tips for growing one’s support network. But COVID Coach also contains resources for meeting basic needs, which is so important right now, and also finding local support and information about COVID-19. Another kind of cute feature is if you see on mood check there, you see a little animal on a park bench and that animal rotates. [sirens] And I’m sure you can all hear some emergency happening outside my window right now. Excuse me for that. Okay.

There we go. All right, so I do want to highlight a couple features in particular, that I think are going to helpful for self-care, not only for patients but also providers. So coping exercises can be found in the manage stress section of the app.

And once in a section you can browse tools by symptoms, so that’s the first way. So for example, if you’re having trouble sleeping, you might tap on sleep struggles and you’ll be provided with some tools that might be helpful for winding down at night, like ambient sounds or leaves on a stream.

Or, if you prefer to browse the complete list of tools and choose which might sound most helpful, you can just tap tools and the list will pop up. There are a few tools I do want to highlight in particular today.

Which is that COVID Coach comes with nine different exercises to help users increase their compassion for themselves. And I think this is really important at this point, because self-compassion has been shown to be negatively correlated with burnout among healthcare workers. And I will just say for myself, this tool has been really helpful for me. And you know, I mean, I don’t know anyone who is performing at their pre-COVID level, and it can be really hard for high-achievers, I imagine, which is probably most of this group, in particular. And it’s really important that we show ourselves the same compassion that we show our patients and our colleagues. And this exercise or these exercises, I should say, can be really helpful with that. I also want to note that if you found any of these tools helpful, what you might want to do is consider giving it a thumbs up. You can see in the bottom of the screen here, which will enable the tool to appear on your favorites list and that is how you favorite tools in COVID Coach.

Okay. Next feature I want to highlight is mood check. So from this screen, users can track their health and wellbeing in several ways.

The first way is to set a personal goal. And this is particularly important because it can be difficult to maintain a routine under stress. I think we all have seen that for ourselves. And you know, I’m going to just go out on a limb here and say I’m guessing that this call is mostly made up of over-achievers and so I really can’t stress this point enough that it’s important to set SMART goals here. So SMART goals, of course, I mean Specific, Measurable, Achievable, Realistic, and Time-based. Just like we tell our patients. And this is really important when we’re working towards a larger goal, like many of you are. So maybe you create a work goal like spending one hour a day writing. Or maybe it has nothing to do with work. You know, you can see here I’ve been struggling to get out of the house every day, so I’ve set a goal of walking 15 minutes every day. And I may not always get to it, but I can certainly try. The mood coach features several symptom measures for users to track their health and well-being in other ways.

So first, you can track your general well-being with the Warwick-Edinburgh Mental Well-Being Scale. And after you’ve taken one assessment, and this goes for all of the different assessments, your scores will be plotted on a graph so you can see them over time.

And then if you’re concerned about mental health symptoms, you can also track anxiety with the GAD-7, depression with the PHQ-9, and PTSD with the PCL-5.

All right, and a couple extra features I do want to highlight, which can be accessed via the lateral menu. Users can tap on personalize to upload soothing pictures and music directly from their device. And then these images and files will be used to populate some of the coping exercises, which are found in the manage stress section. Users can also import contact information for supportive family members and friends, and also from this menu, users can export their assessment data, so this is a really cool feature for patients and providers as well. If they click on manage data, they can then click on export mood data, which will allow them to send an email with their assessment data, which is included as an attached Excel file, and they can pick and choose which assessments they’d like to send.

And lastly, and this is another extra feature, the ability to set reminders. And this can be setting reminders to track symptoms as well as meet their goal each day.

All right, so now we’re going to move on to Insomnia Coach. Insomnia Coach is another one our newest apps, just released a short while ago. It was developed using the principles of CBTI and features guided training plan to help you track and improve sleep. It includes a sleep coach with tips for sleeping and personal feedback about your sleep, interactive sleep diary, and tools to help get your sleep back on track. I’m really excited about this new app. I do want to highlight a few more of the features, but before that, I do want to note that this app, while it’s great, we don’t recommend it for everyone. Right? So sleep restriction is contraindicated for some conditions. For example, epilepsy. And also some life circumstances, like shift workers. But I should say that the app has a lower limit of five and a half hours for sleep restriction, which is different than standard CBTI, which can go down to four hours. That is worth mentioning.

All right, so let’s start with the sleep training. Insomnia Coach features a guided five-week training plan to help improve sleep. So each week, users are asked to complete readings to learn about sleep and insomnia, browse tips for improving sleep hygiene, assess their insomnia symptoms and complete their sleep diaries.

And I can give you an example here. So this is a really great way to use the app in a way that’s guided, particularly those who are using this app on their own, rather than with a provider.

And then, of course, we have sleep tools. So this is where you just can go to find tips and tools to help improve their sleep. So this includes things like tips for improving sleep hygiene, such as making sure the room you’re sleeping in is dark and that it’s a comfortable temperature. Limiting caffeine to morning times, things like that. It also contains relaxation exercises to help wind down before bed. So things like, we have some examples here on the right. So things like breathing tool, progressive muscle relaxation, and guided visualization. And lastly, it also features a self-quiz to help prevent relapse. Oh, and I forgot cognitive strategies to reduce anxiety, like scheduling worry time. That’s a big one.

And just like in our other apps, you can track progress through insomnia coach. You just can track your overall sleep as well as six other metrics. Here we have sleep efficiency, which is time asleep versus time in bed. Time it takes to fall asleep, wake times, and then scores for the Insomnia Severity Index, so it’s nice to be able to track that, here.

And finally, similar to COVID Coach, users can export their data from the app through the lateral menu, so they would go to lateral menu, hit settings, export user data, and then they have the option to export their assessments, their sleep diaries, or both. And similarly to the way they did it in COVID Coach, you can send yourself an email.

Okay, and quickly I’m going to touch base on Mindfulness Coach. I’m zooming through them, here. So Mindfulness Coach is an app we developed to support independent mindfulness practice. And the reason I think it’s important to highlight this app today, even just briefly, is that not only is it one of our more popular apps, and that’s with both Veterans and Civilians, we have almost a half million downloads across both platforms, I also just wanted to bring this up because there’s ample evidence that mindfulness has numerous benefits for patients as well as providers, and that there’s evidence to suggest that practicing mindfulness can reduce burnout experiences. And this app is available both in Apple and Android, and it does feature guided mindfulness training, a curated list of mindfulness exercises, progress tracking, and build expertise, which is our learn section, so that includes readings about mindfulness, there.

And if you’re new to mindfulness, there are a couple different options for getting started. So if you’re new, I would recommend starting with mindfulness training. And users can click on this by clicking on mindfulness training from the home screen, and they will be guided here through 14 levels of training. And each level here includes educational readings and guided practice that’s appropriate for that level, as well as sometimes some tracking. You know, the practices are relatively simple. It starts at just one minute per day and increases from there. And as users progress through the different exercises and learn more topics, they are automatically advanced to the next level.

And once they advance to that level, you’ll see that the tree on their home screen will grow, which is kind of a nice incentive and provides a really nice visual representation of their progress through the app. So that’s pretty cool.

But maybe you aren’t sure you want to start a brand-new kind of training plan, you just kind of want to dip your toe in the water and see how you like it. You can also just kind of pick and see the different exercises and choose the ones you like. So to do this you’re going to want to go to practice now and browse the list of tools. You can see they’re kind of grouped. You can browse tools that are recommended to you based on your level, or you can browse the complete list. And in total, with this new build, there were 12 all-new practices, with some additional practices available for download. We are now, eye rest exercises are now included in the app, which is pretty neat. And I do want to mention again, we can make additions to the app upon request. So if there is a mindfulness practice that you’re not seeing in here that you think is just amazing and you really think we need to have it in the app, email us. So mobilementalhealth@va.gov. We’ll say that a few more times before the end of the day. Before we get into our additional resources, I am going to turn it over to Katie to talk about PTSD Coach with the new safety plan. So Katie, go ahead and take it away.

Ms. Juhasz: Thank you, Colleen. And on that note, that you just set up for Mindfulness Coach, just some of the examples of some of the additional exercises that we’ve been able to put into the app, there was a program that was developed for patients with diabetes and so we were able to put those in there, and we’re currently working on one for patients with tinnitus that doesn’t have complete silence. We heard from a number of Veterans and also audiologists, actually, who said that it’s much easier for people to have some sort of background noise or some sort of calm sounds. And so we’re actually going to try to overlay some of our ambient sounds, which is a standalone tool in PTSD Coach, onto the portions of some of the mindfulness exercises that are currently silent, so that people who have tinnitus will be able to practice those exercises with a little bit less distraction. So that’s just an example of some of the ways that we can incorporate feedback and suggestions from the field into updates for our apps. So going into PTSD Coach, this is, as Colleen mentioned at the start of this talk, the very first app that we developed and released back in 2011, and it has all of the same sections and the same general layout as our other apps, in terms of there’s Manage Symptoms for all of the coping tools. There’s a Learn section for psychoeducation. There’s Get Support which includes crisis resources and suggestions and links to help people get connected to care, and then Track Progress, which in this app includes the PTSD checklist or the PCL-5. In addition, after just working with a number of different people and learning that safety planning, which is an evidence-based intervention used across VA for suicide prevention, people had said that they were using different ways to try to make the safety plan accessible to Veterans all the time. The standard, I’m actually going to move forward.

The standard safety plan within VA is just a piece of paper, front and back. And Dr. Pearl McGee-Vincent, who is leading a Joint Incentive Fund initiative that our team is involved with, thought that it would be a lot easier for people to keep the safety plan on them if it was digital. And so we worked with our mobile apps team to create a digital version, which is now available within PTSD Coach. And for those who aren’t familiar, as I said, it’s an evidence-based intervention. There are a lot of training resources to help people familiarize themselves with safety planning and make sure that they are conducting plans that are really robust and tailored to the individual and so we’re not going to go into exactly how to safety plan, but we wanted to make sure that people were aware of this resource, just in case it would be useful to you or any of the Veterans that you work with. So you can see on the right-hand side with the screenshot, that it’s very straightforward. There are six steps. It is hierarchical, so generally speaking, when you are filling it out, you start with step one and you complete each step, ideally when you’re not in crisis, you’re filling this out. And then if you do feel that you’re starting to exhibit some of your warning signs, which are things that you put under step one, hopefully you are familiar enough with your plan and you’re able to go back and revisit it so that you would start using some of the ways you could cope on your own in step two. And if that doesn’t work for you, you would move on to step three, and so on. It does not have to be used in order, so people could skip steps at any point, and go to step five, for example, which is professionals you can call. But it is designed to be hierarchical, so that if somebody has sort of a low level of distress, they would start at an earlier step and work their way up until they feel that things are a little bit under control. Because the current safety plan is available within PTSD Coach, we just want to make sure that people are aware of how to access it. So once you’ve downloaded PTSD Coach on the home screen, you’ll see those three horizontal bars in the top left corner. If you tap on that, you get access to the full menu, and the safety plan is about halfway down, and you tap on that and they’ll take you into the safety plan itself. There’s an intro sequence that tells you a little bit about safety planning to help you get familiar with it and have some ideas about how to use it, gives you a little bit of guidance, and then you get into actually creating a plan.

I’m just going to go on to the next one. When you first get into the safety plan, we wanted to make it as easy to access as possible, if somebody is looking for it when they’re starting to feel like they’re headed toward crisis. So similar to how you would favorite some of our tools, there is that thumbs up in the bottom left-hand corner. If you tap that, it will then appear on the favorites at the bottom of the PTSD Coach home screen. So we do recommend that everybody taps that when they first use it, just to make it easily accessible. You can also make sure to ask Veterans, or if you’re using it yourself, to set a reminder. That’s the little clock that’s in the top right-hand corner on the home screen, or if you’re within the safety plan itself, it’s right on the bottom, it says Set Reminders with a clock. And you could set it for reviewing it once a week, once a month, whatever feels appropriate for you.

This safety plan was based on the standard paper plan, but we used a ton of feedback from stakeholders across VA and Drs. Barbara Stanley and Greg Brown, who are the creators of the safety planning intervention, as well as working with individual Veterans and caregivers, suicide prevention coordinators, lots of different people to make sure that we got it ready. We knew it was important. We wanted to make sure that we included all of the most useful tips and tricks. And as with all of our apps, it is 508 compliant.

There’s a lot of additional information here. Typically, when somebody is screening a safety plan, they’ll do it side-by-side with a trained provider. This was designed to be sort of done on one’s own if you don’t have access to a provider, and so a lot of the key information is included in there and you just tap the little “i” button within each section to get more information.

It can also be exported, so that you can share it easily with loved ones or with a provider or somebody on your healthcare team, or if you prefer to have that paper copy potentially taped up on your mirror in your bathroom, for example, is something we’ve heard, to serve as a reminder, a visual reminder, you can easily export it and then print it out. It’s not transmitted anywhere, if you don’t share it, so we do recommend also that people at least share a copy with themselves via email, so that when they lose their device or get a new one, they would still have a copy of their safety plan.

And we already did Poll #4, so Rob, I’m going to move forward to Poll #5. It’s the last one for today. And if you could pull this one up, that would be great.

Rob: Sure thing. I had rebuilt the other one, but in the interest of time: Which app feature do you think will be most useful in your work with Veterans? And this one is a choose all that apply, everybody. So go ahead and choose multiple options, if you’d like. Answers are streaming in quickly. We have a little over 30% and that number is going up quickly, so it won’t be too much longer.

Ms. Juhasz: It’s always exciting for us to see which sections resonated with people and which ones they think will be personally useful or useful for the Veterans with which they work.

Rob: Right. I should take the opportunity to say that when I do read these numbers off, they’re going to add up to more than 100. When you do a choose all that apply, the different algorithm, it doesn’t add up to 100. It’s more like the percentage of the percentage that voted, something like that. Anyway. It’s a big number, small number, when I read them off. And it seems to have leveled off, so I’m going to go ahead and close the poll and share out the results.

And 70% of those who replied chose manage symptoms; 36% chose psychoeducation; 48 symptom tracking, 55% crisis resources, and 67 reminders. So 70, 36, 48, 55, and 67. And now we’re back on your slides.

Ms. Juhasz: Thank you. At the end there, it’s like you’re reading lotto numbers. I think in this case, there are no bad answers. It’s great to hear that people are interested in each of the different features that the apps can offer and I will say that generally speaking, the Manage Symptoms is a great place to start with people, because it can give them something in the moment that they can use at any time to help with coping. So I think that being the largest number made a lot of sense, and hopefully you’ve learned enough that you feel comfortable now going and checking these out on your own and sharing them with other Veterans.

And before we jump into questions, I did want to share some additional resources. You know, we had a limited amount of time today to get through a lot of content, and there is a lot more to offer. So we have some things up on this slide. Hopefully, if any of these things are interesting to you, you can check them out later. Each of our apps has a one-page handout and almost all of them have a short demonstration video that sort of walks people through the different features of the app available on our National Center for PTSD Website, that’s the first link under the app descriptions, videos, and links. We also have a monthly lecture series, so if people are interested in learning more about how to integrate technology into care, we feature different tech resources and experts in the field each month. There’s our SharePoint for people within VA, with lots of handouts and additional resources and information about our VA Community of Practice. And then we also have free resources that can be ordered from the Government Printing Office. That includes things like posters that showcase our apps and online programs and rack cards, and things like that.

And then again, as before, you can download our apps on iTunes or Google Play. And then just given the topic, related to self-care, we wanted to highlight a few additional resources that are in line with that. So the National Center for PTSD does have an entire section on their website devoted to managing stress in light of COVID-19, and that’s the first in line here. There’s the provider self-care toolkit and the online course: Provider Strategies for Coping with Burnout and Secondary Traumatic Stress. I think those were highlighted on the two previous lectures, so we just put the links on there for you as well. And then we also have a number of online courses, which we didn’t highlight in this talk, but for people who don’t have access to a mobile device, but who would like to access some of these coping skills and different tools in psychoeducation, you can find free online courses at that link.

And with that, I think we’re going to open it up for Q&A.

Rob: Great. Well, we do have three questions already asked, and audience members, if you’d like to ask a question, there’s a section called Questions that I referred to before. You can actually pull that right by grabbing onto the gray bar above it where it says Questions and you can make it bigger if you’d like to, for your typing. So let’s just launch in. First question was, and you may have addressed this already: Is the Insomnia Coach the same as the CBT-i coach?

Dr. Becket-Davenport: So they are two distinct apps. One, of course, CBT-i Coach, was developed to be used in conjunction with CBTI treatment. Now that being said, we’ve heard of a number of providers using Insomnia Coach, instead, when they’ve been using CBTI with patients. The idea being that CBTI should be used with a provider, Insomnia Coach can be used on one’s own. And they do differ a little bit, although I am a little fuzzy on those details. Katie, do you have anything to add about the ways in which those two apps, I mean, they obviously look different, but other differences that may not be coming to mind for me?

Ms. Juhasz: Yeah, so CBT-i Coach was created first, and so it was, as Colleen mentioned, designed to go hand-in-hand with Cognitive Behavioral Therapy for Insomnia, so it’s organized so that all of the readings that are assigned as a part of CBTI are in there. There’s the sleep diary, there’s the insomnia severity index, it’s all very straightforward. But it’s also older so the design, the user interface isn’t quite as slick or as polished as some of our newer ones. And we had an opportunity over the years to get a lot of feedback from people and so a lot of those suggestions and preferences that people had to make it more user-friendly were integrated into Insomnia Coach. So Insomnia Coach is designed differently, but I will say the sleep diary is a lot faster, it’s easier to access, and it does have a training program built in, similar to Mindfulness Coach, so it will step users through a five-week program where it lays out, it sort of integrates each of the different relevant sections of the app, the different features, and puts it in a very straightforward fashion so the user can just go in and get access to the specific readings that they should be look at that week. They can enter their diary each day, and they get access to different tools and recommendations. So the content is very similar between them, but they’re presented differently. We know a number of providers really are just consistently using CBT-i Coach, because that’s what they’re familiar with, and that’s great. There are also a number of people who really like Insomnia Coach and they think it’s easier to use overall, and so over the next year or so, Jason Owen, who is the lead of the mobile apps team, said they’re going to keep collecting feedback and ultimately we’ll see if we’re going to make some updates for CBT-i Coach or if we might just transition people to Insomnia Coach. Right now, we’re committed to both, so let us know if you have preferences. You can email us at mobilementalhealth@va.gov.

Rob: Thank you. If an app is being used for research, is there a way to collect data from a consented subject?

Dr. Becket-Davenport: So we do have research versions of some of the apps. And then Katie, I don’t know if you can speak a little bit about the provider dashboard as well? What we’re going to be reviewing?

Ms. Juhasz: Yes, so we do have a provider dashboard and we do have research versions of many of our apps. So unlike the public versions that don’t collect any identifiable information, the research versions also, I should say, don’t collect identifiable information, but in order for somebody to get access to it, they have to be given a code by the researcher who is using it. And so the researcher will know which code is assigned to each participant and that way you’re able to track your participants over time. And there’s a dashboard to make the data much easier to view. In particular, CBT-i Coach and Insomnia Coach have dashboards. PTSD Coach has one. There are a couple of others that are in the works, and if you’re interested in that, again, I would recommend emailing us at mobilementalhealth@va.gov and we can give you more information about that.

Dr. Becket-Davenport: Yeah. Thanks, Katie.

Rob: Thank you. This is the last question we have at this time. So this time, if people want to ask questions quickly. Do any of these apps target exercise behavior change?

Dr. Becket-Davenport: None of the features of the apps specifically target exercise behavior change. Of course, you know, if you wanted to enter that as a personal goal in something like COVID Coach, that’s something that you might be able to do. But I believe, this isn’t one of our apps, and forgive me, because I’m not as familiar, there is a MOVE! Coach that was developed. It’s not a National Center or PTSD app, but that is, I think was that developed by OCC, Katie? I can’t remember. But MOVE! Coach is an app that’s available that’s specifically for health changes.

Ms. Juhasz: Yes. And we actually were working with a GeriPACT team. We just started working with them to talk about ways that our apps might supplement some of the work that they’re doing. And as Colleen said, there isn’t anything that specifically targets exercise per se, but there are certain things that incorporate exercise. In Mindfulness Coach, there’s a mindful walking exercise. Which we didn’t talk about. A moment ago, we were talking about MOVE! Coach, M-O-V-E, which is a VA app created by the Office of Connected Care. There’s also a MOOD Coach, M-O-O-D, and that one allows people to, it’s based on behavioral activation, so it allows people to create different activities to complete or to partake in each day of the week. You schedule them for different times, you assign different points to them, and then as you complete those activities and mark them off in the app, you accrue points so that at the end of the week you can see sort of how productive you were in achieving the different goals that you had set up for yourself. It’s very different than the apps that we covered today. So if people are interested, I do encourage you to check it out, but that one is currently only available on iOS, so there is a limiting factor with MOOD Coach.

Dr. Becket-Davenport: Yeah, and just a note, Katie, you’re just a little fuzzy, so I’m going to state that again. So we’re talking about the Office of Connected Care app is MOVE! Coach, which makes sense, you’re moving. And then MOOD Coach is our app that was specifically designed for depression and that’s available in iOS but not Android.

Rob: Thank you. That’s all the time that we have left, and that was the last question. When I close the webinar, audience members, please do fill out the survey so that we can continue to improve our product. But I’d like to give all three of you a chance to make closing comments. So how about we do it in the order of appearance: Julie, then Colleen, then Katie? Julie?

Dr. Weitlauf: Yes, I just wanted to thank Colleen and Katie for doing this and making all of us a little more familiar with the wide array of app-based, mobile app-based resources that are available for ourselves and for our Veterans. I think there’s a lot of us that have been in VA for a long time and maybe weren’t aware of everything that you had to offer. So thank you very much.

Dr. Becket-Davenport: Thanks so much, Julie, for having us. I think that’s a huge part of our project is educating providers on the different features of these apps and I think it says a lot that all of us on the team also use the apps personally. I know that I have been using the COVID Coach. Previously, I was using PTSD Coach for this, but now using COVID Coach for ambient sounds. At night sometimes I’m struggling to sleep and so many of us providers are struggling to keep up with self-care these days, you know, in informal conversations with people we hear about feeling like it’s not important, but it is so important and we’re happy to be able to provide these tools that can facilitate that.

Ms. Juhasz: And I will just agree with everything Colleen said and thank you for the opportunity to speak with everybody today.

Rob: Thank you all once again. Have a good day, everybody.

Dr. Weitlauf: Bye.

Dr. Becket-Davenport: Bye, everybody.

[ END OF AUDIO ]