

Questions Answered:

Michael McCarthy to Panelists and Attendees (10:42 AM)

BTW, Edna Foa is saying that PE is not as effective with veterans as with survivors of sexual assault.

Tuerk: I can't speak to that, or in what context Dr. Foa said this, but I can confirm that it is not true. Not even a little bit. I do think that over- or misdiagnosis of PTSD in VA settings may be greater than in civilian contexts, this can muddy the waters depending on the study and how rigorously the CAPS criteria were implemented, or how aggressively the study was recruiting. The less "true PTSD" there is a sample, the less effective PTSD treatments will be. But there is just too much data out there showing that PE, when implemented with fidelity, it is as effective across trauma types and populations. This has been a shared understating with Dr. Foa for many years. So not sure how to account for the comment.

Me to Panelists and Attendees (10:57 AM)

<https://www.surveymonkey.com/r/ocgoinvitecdpc>

Ashleigh Adams to Panelists and Attendees (10:58 AM)

In my clinic the clinicians frequently say they wish they could create their own therapy/homework app. Is this able to be used by providers/clients treating conditions other than OCD?

Tuerk: Yes use it for whatever you want, even classroom education (I use it to create mobile app guided scavenger hunts with my kids for fun, I also use it to train new admin staff at the clinic how to navigate clinic billing, HR software, and other procedural workflow activities).

Cristina Apodaca to Panelists and Attendees (11:04 AM)

does the software take up a lot of memory?

Tuerk: No, the provider side is just a website, and the patient side mobile app is 50 MBs, for comparison my Backgammon app is 90 MBs, Google Maps is 250 MBs, and Venmo is 15 MBs.

Karen silcott to Panelists (11:06 AM)

Does the specific homework "restaurant exposure" provide coping skills reminders?

Tuerk: No it doesn't, but any therapist is free to save a copy of any activity and alter it however they want. However, in this example, adding coping directly into an exposure might be colluding with PTSD avoidance and is likely counter-indicated in many situations. Of course, it depends on the situation, context, and client.

Jim Caldwell to Panelists and Attendees (11:06 AM)

Are you testing only with children?

Tuerk: For now yes, but the platform is mostly age-non-specific. Content is defined by the users (therapists). For younger clients the provider could add in cartoon reinforcers, for older clients references and activities would be different.

Ian McKenzie to Panelists and Attendees (11:07 AM)

I don't see this app at the Google play store.

Tuerk: we're still testing it so its not in the store yet. But sign up here to be a tester:

<https://www.surveymonkey.com/r/ocgoinvitecdpc>

To be clear, the platform is already HIPAA compatible and is functional for treatment, but the team is still ironing out how best to add in the crowd sourcing add-ons, like clinician ratings, and curation.

Colby Mills to Panelists (11:07 AM)

How do patients sign up/access the assignments?

Tuerk: Patients will just download the app from the app store and will plug in a code the therapist gives them to link their account to the clinician's dashboard. Then the clinicians makes the assignments.

Shavern Browne to Panelists and Attendees (11:10 AM)

Can be modified for ptsd avoidance behaviors.

Tuerk: Yes. Can be modified anyway the therapist wants. After a while and after you see 20-30 other activities that other therapists have created, you start to get a real sense of the best ways to be creative with the tools. There are definitely very real limitations, but can do a lot with the available tools in the Activity Creator.

Colby Mills to Panelists (11:10 AM)

Any plans to put evidence-based screening tools like the YBOCS or PCL on here?

Tuerk: Yes, it's works pretty well for conveying questionnaires. But we are also assuming that folks who have paid for certain measures will create those questionnaires and keep them in their personal library (not posted to the public library).

Eliyahu Reich to Panelists and Attendees (11:11 AM)

Does this have HIPPA compliance?

Tuerk: Yes, the platform adheres to HIPAA rules and requirements, including encryption and an easy (but industry standard) BAA.

Is this likely to be approved by VA for use with pts? (e.g. good encryption)

Tuerk: It meets security standards for HIPAA-compatible telehealth, who knows what the VA will do though. Having spent much of my career trying to convince VA ISOs to say something besides “No” to new technologies, I have not been hopeful that providers will be able to win those battles at the local level to use this asynchronous telehealth product. But in anticipation of this problem there will also be a non-telehealth version! In that version, everything lives on the patient’s device. Therapists will not be able to view outcomes of homework assignments in real time but will have to wait until their client can replay their assignments for them on their device in session or over telehealth. In this way we can provide asynchronous support for clients doing homework but it is not telehealth since no information is being exchanged it all just lives on the client’s device. Accordingly, the VA will not be in a position of authority to tell clients what they can and cannot have on their own devices.

Also, even if you’re not using the product with clients the crowd source library will still be a nice resource to have access to.

Ian McKenzie to Panelists and Attendees (11:12 AM)

Is this available at the Google Play Store? If so, what keywords should I use in the search?

Tuerk: we’re still testing it so it’s not in the store yet. But sign up here to be a tester:

<https://www.surveymonkey.com/r/ocgoinvitecdpc>

To be clear, the platform is already HIPAA compatible and is functional for treatment, but the team is still ironing out how best to add in the crowd sourcing add-ons, like clinician ratings, and curation.

Shavern Browne to Panelists and Attendees (11:13 AM)

I have been doing a lot of PE; I am very interested in this.

TUERK: Shavern, I’ll see you there then!

vicki Burford to Panelists (11:13 AM)

Great visuals for SUDS available (for those of us who don't use that routinely) to help patients make the most accurate rating.

Tuerk: Because this was originally developed for OCD exposures the SUDs scale goes from 0 to 10, rather than the more common 0 to 100 in the PTSD world. No one has complained about that yet though, I agree with you it’s straightforward.

William Wall to Panelists and Attendees (11:14 AM)

I have clients who ask if it is okay to take notes...yes. A few recently asked if they could record for later reflection...yes!

Tuerk: Love it.

Ashleigh Adams to Panelists and Attendees (11:15 AM)

Agree this would be so helpful with PE, particularly in remote/teletherapy!

Tuerk: Yes! That is the context that I am most excited about.

Cristina Apodaca to Panelists and Attendees (11:18 AM)

If clients are limited from using this because of SES situations, this would be ideal for sharing assignments between providers.

Tuerk: I think you're onto something, even though anyone with a Smart phone can use this, some people don't have smart phones. But any provider with a web browser can join the online community and have free access to the library whether or not they are using it with clients.

Ashleigh Adams to Panelists and Attendees (11:19 AM)

Ooh this one specifically could really get ahead of planning/scoping out places that we see undermine in vivo exposures.

Right? Good for coaching.

Colby Mills to Panelists (11:20 AM)

I have the same question Michael does, about how the content provider experts are vetted.

Tuerk: For now anything posted to the public library has to be reviewed by the core OC-Go team for approval. People can have whatever they want in their personal libraries. As the online community grows it might be possible at some point to have the crowd act as the vetting source. But that would have to be studied and done with some level of scientific merit. We envision a thriving forward-leaning community, that might be able to police itself. But it's a scientific question.

Colby Mills to Panelists and Attendees (11:21 AM)

Can patients search the public library and self-assign activities?

Tuerk: Absolutely not. Not in this model, it is definitely a gatekeeping model that hinges on providers expertise and judgment. Of course, in the future, building this resource up will provide a good scientific base to at least start testing self-assignment of exposures. But that would be a different (non-HIPAA/non-telehealth, i.e., cheaper) platform.

Dr Tuerk provided this link: <https://www.surveymonkey.com/r/ocgoinvitecdpc>

Maryjane Quenneville to Panelists and Attendees (11:23 AM)

Is this encrypted?

Tuerk: Yes, the platform adheres to HIPAA rules and requirements, including encryption and an easy (but industry standard) BAA.

Colby Mills to Panelists and Attendees (11:24 AM)

BTW, I did find it in the Apple store

Tuerk: That's an old version, it might work but better to get going on the updated platform.