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### Investigation of the Utility of a PTSD Coaching Mobile App to Address Mental Health Services Demand in a Primary Care Clinic: Analysis of CAPS-5 Measures

Sindhura Nemani  
*Rowan University*

Danielle Rae Schweitzer  
*Rowan University*

Anne C. Jones  
*Rowan University*

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# Investigation of the Utility of a PTSD Coaching Mobile App to Address Mental Health Services Demand in a Primary Care Clinic: Analysis of CAPS-5 Measures

Sindhura Nemani, DO(c), Danielle Schweitzer, MA, PhD(c), Anne C. Jones, DO, MPH, FACOFP, CPE

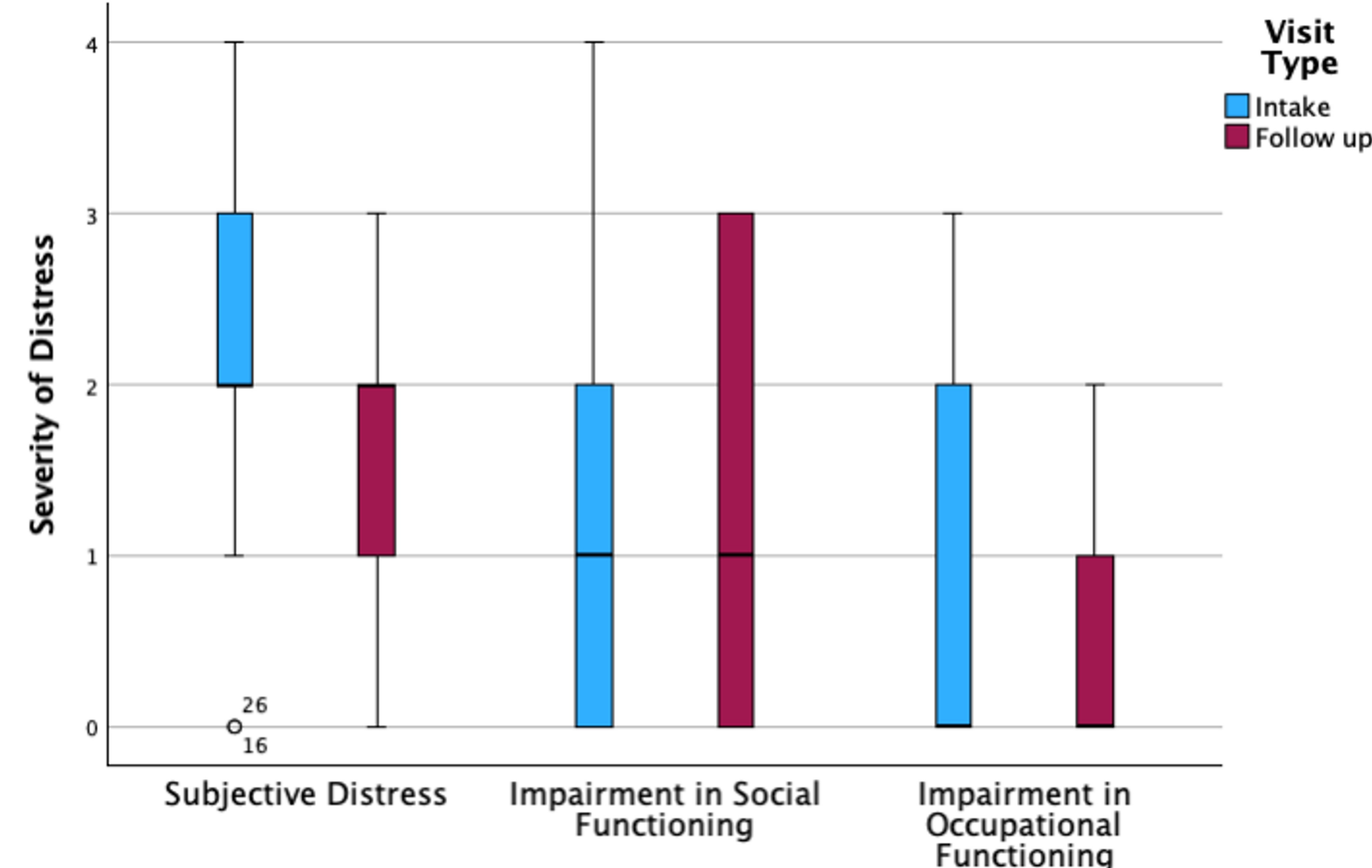
Department: Family Medicine

Table 1. Mean Values at Intake vs. Follow Up<sup>a</sup>

DSM-5 CAPS-5 Distress or Impairment (G) Category	Mean at Intake +/- SD (N = 32)	Mean at Follow Up +/- SD (N = 9)
Severity - Subjective Distress	2.09 +/- 0.928	1.67 +/- 1.000
Severity - Impairment in Social Functioning	1.28 +/- 1.326	1.44 +/- 1.509
Severity - Impairment in Occupational Functioning	0.72 +/- 1.023	0.44 +/- 0.726

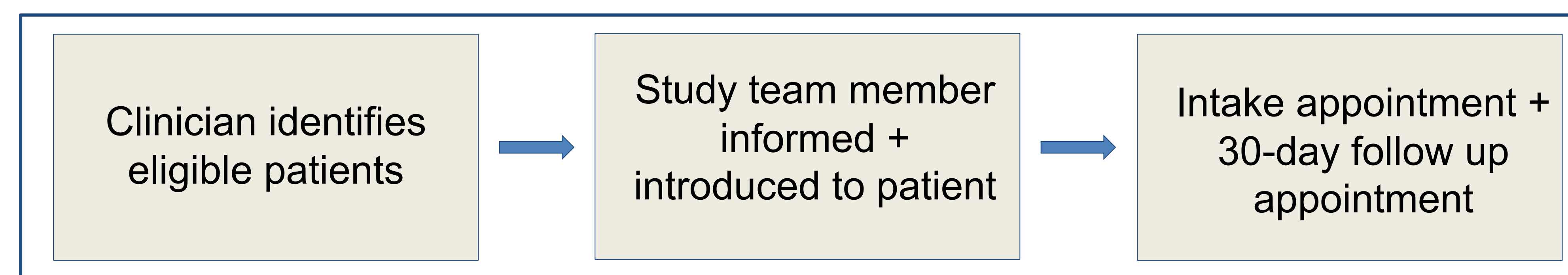
<sup>a</sup>Mean values of DSM-5 CAPS-5 category G measures at intake vs. follow up (analysis done with SPSS and table created with Microsoft Excel)<sup>7</sup>

Figure 1. Descriptive Statistics<sup>a</sup>



<sup>a</sup>DSM-5 CAPS-5 category G severity of subjective distress, impairment in social functioning, and impairment in occupational functioning at intake vs. follow up (analysis done and graph created with SPSS)<sup>7</sup>

Figure 2. Methods<sup>a</sup>



<sup>a</sup>Warm-handoff approach implemented in our study<sup>8,9</sup>

Table 2. Events Experienced

Event	# Experienced out of N = 33
Any Other Very Stressful Event or Experience	26
Transportation Accident	22
Physical Assault	16
Other Unwanted or Uncomfortable Sexual Experience	15
Assault with a Weapon	11
Natural Disaster	10
Serious Accident at Work, Home, or During Recreational Activity	10
Sexual Assault	10
Life-Threatening Illness or Injury	9
Sudden Violent Death	5
Exposure to Toxic Substance	4
Severe Human Suffering	4
Captivity	3
Sudden Accidental Death	3
Serious Injury, Harm, or Death You Caused to Someone Else	3
Fire or Explosion	1
Combat or Exposure to a War-Zone	1

<sup>a</sup>Distribution of events personally experienced by patients as indicated on DSM-5 LEC-5 at intake (analysis done with SPSS and table created with Microsoft Excel)<sup>10</sup>

## Results

- Decreased mean values for subjective distress and impaired occupational functioning at follow up; increased mean value for impaired social functioning
- Mixed opinions from patients about application

## Challenges & Other Considerations

- Inconsistent usage of application
- Barriers faced by patients
- Limited follow up data
- Simultaneous receipt of or contemplation of seeking additional mental health care from outside sources

## Future Directions

- Ongoing active patient recruitment
- Modifications made to IRB since end of SMRF
- Future analyses on effectiveness to be conducted with final study data
- Hopeful that this intervention will prove to be beneficial for patients

## Acknowledgements

- Thank you to Dr. Joanna Petrides, Dr. Kristin Bertsch, Dr. Meagan Vermeulen, Dr. Kreena Shah, Faith Shank, Kainaat Anwar, Alexandra Nicoletti, Priya Srivastava, Salma Saifuddin, and Umar Siddiqui for your contributions to this study



## Background & Significance

- 25% increase in prevalence of mental health conditions since COVID-19<sup>1</sup>
- Wait times up to 22 weeks for clinical appointment in New Jersey<sup>2</sup>
- Ways to expand access to mental health treatment in primary care should therefore be examined



## Larger Study Objectives

- Investigate efficacy of mobile application (PTSD Coach) for PTSD symptoms within a primary care population<sup>3,4,5</sup>
- Explore satisfaction using integrated behavioral health model to introduce mobile application (PTSD Coach)<sup>6</sup>
- Measure patient & clinician satisfaction, cost, feasibility of process to improve access to mental health care in primary care population

## Specific Project Aims

- 80-100 patients who screen positive for PTSD symptoms with DSM-5 CAPS-5<sup>7</sup>
- Intervention protocol for integration of PTSD Coach mobile application into clinics

## Methods

- Prospective cohort study in academic family medicine outpatient office
- Medical and clinical psychology professionals and trainees working together providing on-site access
- Warm handoff approach using integrated care model (primary care behavioral health, PCBH)<sup>8,9</sup>
- Patients evaluated at intake and 30-day follow up