Planning and automatizing app interventions can become expensive, time-consuming and require technical, legal, scientific and security expertise, but can benefit both researchers and participants.

Fig. 1 Procedure

Recruitment

Automatic Screening Online

Informed Consent Online

Baseline

Semi-structured Phone Interview

Questionnaire (0 months)

EMA (0-21 days)

Questionnaire (3 months)

Questionnaire (6 months)

Questionnaire (9 months)

Waitlist (n = 100)

Follow-Up

EMA (0-21 days)

Questionnaire (3 months)

Questionnaire (6 months)

Questionnaire (9 months)

Clinician administration

Clinician administration

Follow-up call (1 week)

EMA (0-21 days)

Questionnaire (3 months)

Questionnaire (6 months)

Questionnaire (9 months)

Manual administration

Manual administration

Manual administration

Fig. 2 Intervention modules

Inclusion criteria:

> 18 years old

Residents in Sweden

Swedish (verbal and written) comprehension

Owns smartphone

Potentially traumatic event (DSM-5) < 2 years

Exclusion criteria:

Current exposure traumatic event

Current or planned psychotherapy

Recent or planned changes of medication

Counter-indicative medication

Positive screening for bipolar, psychotic, substance/alcohol abuse disorder

Severe suicidal ideation

Participants: 200 adults living in Sweden

Lessons learned

• Programming consultation is expensive and time-consuming

• Unclear how to meet requirements of GDPR and internal regulations for software resources

• Waiting for clear instructions meant waiting indefinitely

Recommendations

• Plan for software updates

• Recruit app development expertise specifically

• Enable remote participation

• Automatize procedure

• Assume choice of procedure is approved, until you figure out otherwise - in that case, revise