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Associate Director, Recovery Research Institute
Center for Addiction Medicine, Massachusetts General Hospital

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Sponsoring Organizations

- Recovery Research Institute
- Opioid Response Network
- SAMHSA (Substance Abuse and Mental Health Services Administration)
Opioid Response Network

• The SAMHSA-funded Opioid Response Network (ORN) assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.

• Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

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Working With Communities

- The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.

- *ORN* accepts requests for education and training.

- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.
Contact the Opioid Response Network

• To ask questions or submit a request for technical assistance:

  o Visit www.OpioidResponseNetwork.org
  o Email orn@aaap.org
  o Call 401-270-5900
Enhancing Recovery Through Science

recoveryanswers.org

Recovery Research Institute

Sign up for the free monthly Recovery Bulletin @recoveryanswers
Talk Objectives

1. Identify in-person service barriers that digital services might address

2. Define digital recovery support services and introduce a classification system

3. Describe several digital recovery support services
   a. Theory on how they can enhance recovery
   b. Summarize what is known empirically

4. Recommend referral strategies that maximize potential benefits and mitigates potential risks
Research to improve individual outcomes and public health

1. Identifying reasons for participation
2. Describing services
3. Characterizing participation
4. Testing participation effects
5. Examining benefit - how and for whom?
6. Enhancing participation*

*Dissemination/implementation
Research to improve individual outcomes and public health

Identifying reasons for participation
Describing services
Characterizing participation
Talk Objectives

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Finite reach of existing services

• Impact = Reach x Effectiveness (Glasgow)

• 10% with substance use disorder (SUD) received one or more SUD services – including specialty treatment, mutual-help, ED, private physician, etc.

Source: SAMHSA NSDUH 2019
Logistical Barriers
Psychosocial barriers

(Prochaska et al. 1992)
Online and mobile technologies are integrated into day-to-day life

-77% have home broadband
  *70% 18-29
  *86% 30-49
  *79% 50-64
  *64% 65+

-72% use social network sites
  *90% 18-29
  *82% 30-49
  *69% 50-64
  *40% 65+

-81% have a smartphone
  *96% 18-29
  *92% 30-49
  *79% 50-64
  *53% 65+

Source: Pew Research Center
### Technology Access for those with SUD

**(Dahne & Lejuez, 2015)**

<table>
<thead>
<tr>
<th>Technology Use</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own a mobile phone (n = 251)</td>
<td>86.90%</td>
<td>13.10%</td>
</tr>
<tr>
<td>SMS capability (n = 218)</td>
<td>95.90%</td>
<td>4.10%</td>
</tr>
<tr>
<td>Use text messages (n = 218)</td>
<td>83.00%</td>
<td>17.00%</td>
</tr>
<tr>
<td>Own a smartphone (n = 216)</td>
<td>68.50%</td>
<td>31.50%</td>
</tr>
<tr>
<td>Download mobile apps (n = 217)</td>
<td>61.30%</td>
<td>38.70%</td>
</tr>
<tr>
<td>Use the phone to access the Internet (n = 217)</td>
<td>61.30%</td>
<td>38.70%</td>
</tr>
<tr>
<td>Contract type (n = 209)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay-as-you-go</td>
<td>50.70%</td>
<td></td>
</tr>
<tr>
<td>Annual contract</td>
<td>24.40%</td>
<td></td>
</tr>
<tr>
<td>Government issued/Safelink</td>
<td>23.90%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1.00%</td>
<td></td>
</tr>
<tr>
<td>Post treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own a mobile phone (n = 243)</td>
<td>92.60%</td>
<td>7.40%</td>
</tr>
<tr>
<td>SMS capability (n = 223)</td>
<td>96.40%</td>
<td>3.60%</td>
</tr>
<tr>
<td>Use text messages (n = 222)</td>
<td>84.70%</td>
<td>15.30%</td>
</tr>
<tr>
<td>Own a smartphone (n = 221)</td>
<td>72.40%</td>
<td>27.60%</td>
</tr>
<tr>
<td>Download mobile apps (n = 221)</td>
<td>64.30%</td>
<td>35.70%</td>
</tr>
<tr>
<td>Use the phone to access the Internet (n = 223)</td>
<td>65.90%</td>
<td>34.10%</td>
</tr>
<tr>
<td>Contract type (n = 213)</td>
<td></td>
<td></td>
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<tr>
<td>Pay-as-you-go</td>
<td>51.60%</td>
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<td>Annual contract</td>
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<tr>
<td>Government issued/Safelink</td>
<td>21.60%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1.40%</td>
<td></td>
</tr>
</tbody>
</table>

**(Ashford, Lynch, & Curtis, 2018)**
COVID-19 and SUD Recovery

- COVID *highlights* and *exacerbates*, rather than *creates*, context for enhanced SUD consequences

- Limitations to service access

- High stress
  - Disruptions to basic human needs: employment/purpose, housing, financial stability

- Isolation; reduced social connection
COVID-19 harms to individuals with SUD: Silver Lining

NIH-funded study tests “one-stop” mobile clinics to deliver HIV, substance use care

A clinical trial is underway in five U.S. cities to determine whether delivering integrated health services through mobile clinics can improve HIV and substance use outcomes among people with opioid use disorder who inject drugs. If effective, mobile clinics could serve as an innovative strategy for expanding access to care and providing uninterrupted treatment in this underserved population that addresses the linked public health crises of addiction and HIV.

According to the Centers for Disease Control and Prevention, approximately 1 in 10 new HIV diagnoses in the United States are attributed—in whole or in part—to injection drug use. Further, high rates of injection drug use in communities have been linked to HIV outbreaks. While injection drug use is not limited to injecting opioids—a drug class that includes heroin and fentanyl—these drugs have a high rate of use among key populations in

The New York Times

A.A. to Zoom, Substance Abuse Treatment Goes Online

It began as a stopgap way to get through the pandemic, but both participants and providers say virtual sessions have some clear advantages and will likely become a permanent part of recovery.
Talk Objectives

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Recovery Support Services (Revisited)

From ORN/AAAP Recovery Support Services Webinar (Kelly, April 2021)
## Treatment vs. Recovery Support Services

<table>
<thead>
<tr>
<th></th>
<th>Treatment</th>
<th>Recovery Support Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong></td>
<td>Reduce symptoms, substance use</td>
<td>Enhance recovery (process; White, 2006)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*resolve substance use problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*foster health and well-being</td>
</tr>
<tr>
<td><strong>Time-frame</strong></td>
<td>Time-limited, short-term designed</td>
<td>Long-term</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Health care settings</td>
<td>Community (Ashford et al. 2019)</td>
</tr>
<tr>
<td><strong>Providers</strong></td>
<td>Professionals</td>
<td>Peers (can be credentialed, have expertise, etc.)</td>
</tr>
</tbody>
</table>
What are digital recovery support services?

- Digital technology in lieu of, or as adjunct to, in-person recovery support services
- Telehealth vs. technology-based intervention vs. digital recovery support service (and “telerecovery”)

<table>
<thead>
<tr>
<th></th>
<th>Technology-based Intervention</th>
<th>Digital Recovery Support Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong></td>
<td>Reduce symptoms, substance use</td>
<td>Enhance recovery (process; White, 2006)</td>
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<td>*resolve substance use problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*foster health and well-being</td>
</tr>
<tr>
<td><strong>Time-frame</strong></td>
<td>Time-limited access</td>
<td>Long-term access</td>
</tr>
<tr>
<td><strong>Access points</strong></td>
<td>Health care settings</td>
<td>Freely available online</td>
</tr>
<tr>
<td><strong>Providers/Designers</strong></td>
<td>Professionals</td>
<td>Peers (can be credentialed, have expertise, etc.)</td>
</tr>
</tbody>
</table>
### Focus on the behavior: Proposed typology to classify digital services

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Type of service</td>
<td>The recovery support service or activity with which someone engages (e.g., online recovery support meeting). Can be synchronous – real-time interaction – or asynchronous – interaction without time constraints</td>
</tr>
<tr>
<td>b) Type of platform</td>
<td>How the recovery support service is delivered: <em>remote video conferencing, discussion forum, recovery-specific social network site</em></td>
</tr>
<tr>
<td>c) Points of access</td>
<td>Communication technology through which individuals access the platform: <em>website, smartphone app, telephone</em></td>
</tr>
<tr>
<td>d) Organization/individuals responsible</td>
<td>Organization and/or individuals that designed, developed, maintains, monitors, oversees the service: <em>mutual-help organization, private company, peer volunteer monitors</em></td>
</tr>
</tbody>
</table>
Ways to leverage technology for individuals with substance use disorder
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Expanding the reach of alcohol and other drug services: Prevalence and correlates of US adult engagement with online technology to address substance problems

Brandon G. Bergman\textsuperscript{a,b}, M. Claire Greene\textsuperscript{b}, Bettina B. Hoeppner\textsuperscript{a}, John F. Kelly\textsuperscript{a}

\textsuperscript{a} Recovery Research Institute, Massachusetts General Hospital and Harvard Medical School, 151 Merrimon Street, Boston, MA 02114, United States. 
\textsuperscript{b} Johns Hopkins Bloomberg School of Public Health, 624 North Broadway, Baltimore, MD 21205, United States

HIGHLIGHTS

\begin{itemize}
  \item 11\% with a former substance problem report recovery-related use of online technology (ROOT)
  \item Controlling for demographics, clinical severity indicators were ROOT correlates
  \item Controlling for demographics and ROOT correlates, ROOT was associated with "internet addiction”.
\end{itemize}

ABSTRACT

Online technologies are well integrated into the day-to-day lives of individuals with alcohol and other drug (i.e., substance use) problems. Interventions that leverage online technologies have been shown to enhance outcomes for these individuals. To date, however, little is known about how those with substance use problems naturally engage with such platforms. In addition, the scientific literatures on health behavior change facilitated by technology and harms driven by technology engagement have developed largely independent of one another. In this secondary analysis of the National Recovery Study (NRS), which provides a geo-demographically representative sample of US adults who resolved a substance use problem, we examined a) the weighted prevalence estimate of individuals who engaged with online technologies to “cut down on substance use, abstain from substances, or strengthen one’s recovery” (i.e., recovery-related use of online technology, or ROOT), b) clinical/recovery correlates of ROOT, controlling for demographic covariates, and c) the unique association between ROOT and self-reported history of internet addiction. Results showed one in ten (11\%) NRS participants reported ROOT. Significant correlates included greater current psychological distress, younger age of first substance use, as well as history of anti-craving/anti-relapse medication, recovery support services, and drug court participation. Odds of lifetime internet addiction were 3 times greater for those with ROOT (vs. no ROOT). These data build on studies of technology-based interventions, highlighting the reach of ROOT, and therefore, the potential for a large, positive impact on substance-related harms in the US.
Prevalence

11.0% Overall

Platform Choice Among Online Tech Users

- Online MHO: 83.6%
- General-Interest SNS: 44.2%
- Recovery-Specific SNS: 27.3%
- Other: 50.9%
# Predictors of recovery-related use of online technology

<table>
<thead>
<tr>
<th>Univariate/Unadjusted</th>
<th>Multivariate/Adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Income (30k &gt; 100k; OR = 2.5)</td>
</tr>
<tr>
<td>Education</td>
<td>SUD Medication (Yes; OR = 3.2)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>Recovery Support Services (Yes; OR = 2.8)</td>
</tr>
<tr>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>SUD Medication</td>
<td></td>
</tr>
<tr>
<td>Recovery Support Services</td>
<td>Psychological Distress (More; OR = 1.1)</td>
</tr>
<tr>
<td>Criminal Justice Involvement</td>
<td></td>
</tr>
<tr>
<td>Age First Use of Any Substance</td>
<td></td>
</tr>
<tr>
<td>Psychological Distress</td>
<td></td>
</tr>
<tr>
<td>QOL</td>
<td></td>
</tr>
<tr>
<td>Years Since Problem Resolution</td>
<td></td>
</tr>
</tbody>
</table>
How might digital services make a difference?

Source: Bergman & Kelly, 2020, Journal of Substance Abuse Treatment
Online Recovery Support Meetings
Online Recovery Support Meetings

Editorial

Online recovery support meetings can help mitigate the public health consequences of COVID-19 for individuals with substance use disorder

ARTICLE INFO

Keywords:
Mutual-help organizations
Covid-19
Digital recovery support services
Telemedicine

ABSTRACT

For people with current and remitted substance use disorder (SUD), the COVID-19 pandemic increases risk for symptom exacerbation and relapse through added stressors and reduced service access. In response, mutual-help groups and recovery community organizations have increased access to online recovery support meetings. However, rigorous studies examining online recovery support meeting participation to inform best practices have not yet been conducted. In the absence of such studies, a review of relevant literature, considered in context of potential barriers and drawbacks, suggests the risk-to-benefit ratio is favorable. Particularly given limited in-person SUD service access resulting from COVID-19 precautions, online recovery support meetings may help mitigate a key public health problem during an ongoing, public health pandemic.
Building on Social Norms/Identity and Mutual-Help Research

• Socially-derived MOBCs may be mobilized online too
  o Recovery role models (sponsors; Tonigan & Rice, 2010; Zemore et al. 2013; Kelly et al. 2016)
  o Social network changes (Kelly et al. 2012; Stout et al. 2012)
  o Enhanced (AA) friendship quality (Humphreys & Noke, 1996)
  o AA-specific social support (Kaskutas et al. 2002)

• Norms partially explain why pro-alcohol content exposure on social media predicts subsequent drinking increases (Labrie, Boyle)

• Social identity theories of health behavior change
Online Recovery Support Meetings: What is Known Empirically?

- Online SMART attendance associated with alcohol abstinent days over the short-term (Campbell et al. 2016; Hester et al. 2013)
  - RCT unrelated to online meeting attendance

- “Zoom” AA effects unknown
  - Developmental model of recovery?
Online Recovery Communities
Social Capital as Defining Feature of Recovery Capital

Recovery capital: The sum total of one’s resources that can be brought to bear on the initiation and maintenance of substance misuse cessation. The four major components of recovery capital include social capital, physical capital, human capital, and cultural capital. While many of these resources are tangible, others are not and adhere to the socio-environmental structures, including relationships, in which persons are embedded.

Personal recovery capital can be divided into physical and human capital. A client’s physical recovery capital includes physical health, financial assets, health insurance, safe and recovery-conducive shelter, clothing, food, and access to transportation. Human recovery capital includes a client’s values, knowledge, educational/vocational skills and credentials, problem solving capacities, self-awareness, self-esteem, self-efficacy (self-confidence in managing high risk situations), helpfulness/optimism, perception of one’s past/present/future, sense of meaning and purpose in life, and interpersonal skills.

Family/social recovery capital encompasses intimate relationships, family and kinship relationships (defined here non-traditionally, i.e., family of choice), and social relationships that are supportive of recovery efforts. Family/social recovery capital is indicated by the willingness of intimate partners and family members to participate in treatment, the presence of others in recovery within the family and social network, access to sober outlets for sobriety-based fellowship/leisure, and relational connections to conventional institutions (school, workplace, church, and other mainstream community organizations).

Community recovery capital encompasses community attitudes/policies/resources related to addiction and recovery that promote the resolution of alcohol and other drug problems. Community recovery

Substance use and sobriety
Global psychological health
Global physical health
Citizenship and community involvement
Social support
Meaningful activities
Housing and safety
Risk-taking
Coping and life functioning
Recovery experience

Yalom’s “curative” group therapy factors

- Instillation of hope
- Universality
- Imparting information
- Altruism
- Corrective recapitulation of the primary family group
- Development of social skills
- Imitative behavior
- Interpersonal learning
- Group cohesiveness
- Catharsis
- Existential factors
Yalom’s “curative” group therapy factors

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- Development of social skills
- Imitative behavior
- Interpersonal learning
- Group cohesiveness
- Catharsis
- Existential factors
Some *working* definitions

- **Online recovery community**: An online space dedicated to recovery (i.e., efforts to resolve substance use problems and/or enhance well-being) for individuals with substance use disorder (SUD)
  - Space can be actual (website, app, etc.) or conceptual (cutting across multiple online spaces)

- **Recovery-specific social network sites (SNS)** are a type of online community; from Ellison & boyd (2013)
  - Unique profile
  - Articulated connections that can be viewed and traversed
  - Ability to interact with streams of user generated or shared content

- **Online recovery forums** – aka discussion boards – overlaps functionally with recovery SNS with simpler functionality
Online forums: What is known empirically?

- Opioid use recovery group (D’Agostino 2017) 500+ comments on the 100 “hottest” posts

< 1% potentially harmful info
Online forums: What is known empirically?

• Similar findings for cannabis use recovery group (Sowles 2017)

• Groups dedicated to substance use may contain harm reduction advice (Wombacher 2019)

• In study of SHE RECOVERS (Curtis 2019), 80% had already or wanted to connect with peers in person
Recovery-specific social network sites
Recovery-specific social network sites: What is known empirically?

• Cross-sectional survey of individuals recruited from Intherooms.com who participated for their “own current or former substance problem” (N = 123; Bergman et al. 2017)
  o $10 Dunkies gift card

• M = 50.8 years, 94% White and 57% Female (vs. 46.7 years, 61% White, and 40% Female in the National Recovery Study)

• 7.3 years abstinent, on average (SD = 9.3)
Recovery-specific social network sites: What is known empirically?

Similar for 1+ and <1 (p > .05); rs = .01 - .154
Recovery-specific social network sites: What is known empirically?

“InTheRooms.com participation” (% agreement)
- Enhanced identity as a person in recovery (69.2%)
- Reduced craving for alcohol or other drugs (67.5%)
- Increased abstinence motivation (83.2%)
- Increased abstinence self-efficacy (80.3%)

• “Tell us what you find most helpful/least helpful about InTheRooms.com in your recovery or efforts to cut back or quit using alcohol and/or other drugs” (up to five open-ended responses)
Recovery-specific social network sites: What is known empirically?

<table>
<thead>
<tr>
<th>Common Therapeutic Factors (Yalom, 2005)</th>
<th>InTheRooms.com/Online Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>InTheRooms.com Resources (1&lt;sup&gt;st&lt;/sup&gt;)</td>
</tr>
<tr>
<td></td>
<td>“Speaker tape library”</td>
</tr>
<tr>
<td></td>
<td>Convenience (2&lt;sup&gt;nd&lt;/sup&gt;)</td>
</tr>
<tr>
<td></td>
<td>“I’m far from meetings so it is nice to have an online meeting”</td>
</tr>
<tr>
<td>Imparting Information (3&lt;sup&gt;rd&lt;/sup&gt;)</td>
<td></td>
</tr>
<tr>
<td>“Meeting locator.finder”</td>
<td></td>
</tr>
<tr>
<td>Cohesiveness (4&lt;sup&gt;th&lt;/sup&gt;)</td>
<td></td>
</tr>
<tr>
<td>“Unity worldwide of recovery”</td>
<td></td>
</tr>
<tr>
<td>Universality (5&lt;sup&gt;th&lt;/sup&gt;)</td>
<td></td>
</tr>
<tr>
<td>“Knowing I’m not alone”</td>
<td></td>
</tr>
<tr>
<td>Instillation of Hope (6&lt;sup&gt;th&lt;/sup&gt;)</td>
<td></td>
</tr>
<tr>
<td>“Help me make up my mind to quit”</td>
<td></td>
</tr>
</tbody>
</table>
## Recovery-specific social network sites: What is known empirically?

<table>
<thead>
<tr>
<th>Common/Online Socialization</th>
<th>InTheRooms.com Specific</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional/technical issues (1&lt;sup&gt;st&lt;/sup&gt;)</td>
<td>“Hard to navigate”</td>
</tr>
<tr>
<td>Online socialization, general (2&lt;sup&gt;nd&lt;/sup&gt;)</td>
<td>InTheRooms.com Resources, general (3&lt;sup&gt;rd&lt;/sup&gt;)</td>
</tr>
<tr>
<td>“Some of the snarking back and forth gets old”</td>
<td>“Need more speaker videos”</td>
</tr>
<tr>
<td>Online recovery (4&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>Live online video meetings (5&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>“Missing the human connection”</td>
<td>“Some folks try to hog the meetings”</td>
</tr>
<tr>
<td>InTheRooms.com as for-profit organization (6&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>“Advertisements for treatment facilities”</td>
</tr>
</tbody>
</table>
Recovery-specific social network sites: What is known empirically?

• Sober Grid, top third most active users (Ashford 2020)
  o < 1 year abstinent and < 1 year in recovery – measured separately
  o $M = 95$ posts, 396 comments, 10 check-ins, 1270 ‘likes’ with lots of variability
  o Check-ins related to ‘sobriety date’ change (i.e., recurrence of use)
  o Gen X and baby boomers showed greater engagement than millennials

• Hello Sunday Morning/Daybreak (Kirkman 2018; Tait 2019)
  o Free for Australian citizens; access fee internationally
  o Posts/comments associated with improved drinking outcomes
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Potential Drawbacks

• Attendance vs. Active Involvement

• Peer-to-Peer Social Connection on Digital Services
  o Reduced group alliance in tele vs. in-person therapy
  o Non-verbal cues in communication
  o Increased immediacy > Enhanced Arousal/Negative Affect
  o More effort and resources needed for rapport building?

• Data Privacy

• Digital Divide
Some further caution...

Tips for referral

• Explore the digital service yourself
  o General perceptions of helpfulness vs. harmfulness
  o Services offered by respective platforms

• Discuss ways to enhance privacy
  o Online meetings that use security features
  o Use username/pseudonym
  o Safe physical space if using video
  o Encourage patient to check for what data is being collected about them

• Check in regularly
  o Assess for therapeutic mechanisms: social support, self-efficacy, shifts in stage of change and motivation, etc.
  o Assess for risks and any potential side effects (e.g., signs of compulsive use)
Readings from our group


Resources

Grayken Center for Addiction at the Boston Medical Center
https://www.bmc.org/addiction/covid-19-recovery-resources

American Society of Addiction Medicine

National Institute on Drug Abuse
https://www.drugabuse.gov/related-topics/covid-19-resources

Recovery Research Institute
https://www.recoveryanswers.org/media/digital-recovery-support-online-and-mobile-resources/

m-Health Index and Navigation Database (MIND)
https://mindapps.org
Thanks for your time!

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