Recovery Support Technologies

PIONEERING NEW MODELS OF SUBSTANCE ABUSE RECOVERY SERVICES

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Purpose of the ATTCs

develop and strengthen the workforce that provides addictions treatment and recovery support services to those in need

(SAMHSA FUNDED)
The NFAR ATTC *SERVES* as the national subject expert and key resource to PROMOTE the awareness and implementation of telehealth technologies.
SUBSTANCE USE is a public health crisis in the rural United States and has been identified as one of the top 10 priorities.
More than 1 in 5 Americans live within a rural area where economic, religious, historical, and geographic factors combine to create a unique culture that influences mental health outcomes, physical health conditions, and health behaviors.

(U.S. Census Bureau, 2010; Hunt et al., 2012)
There are actually more rural residents than any racial, ethnic, or sexual orientation minority group in the US. It is surprising, then, that rurality has traditionally not been viewed as a diversity issue worthy of inclusion with other recognized multicultural groups.

(Harowski et al., 2006)
Individuals in rural communities have unique barriers to treatment and recovery services

(Fortney & Booth, 2001; Fortney, 2011)
Barriers Include

- Travel Costs and Burden  
  (Rheuban, 2012)
- Time Away From Work  
  (Berwick, 2008)
- Child Care  
  (Berwick, 2008)
- Service Provider Shortages  
  (Perle et al., 2011; Swinton et al., 2009)
Barriers Include

- lower utilization and treatment completion rates (Fortney & Booth, 2001; Metsch & McCoy, 1999; Staton & Tindall, 2007)
- higher financial burden to pay for services (Fortney et al., 2004; Robertson & Donnermeyer, 1997)
- exacerbated stigma (Robertson & Donnermeyer, 1997 & Notley et al., 2012)
- privacy concerns (Fortney et al., 2004; Hargrove, 1986; Hutchinson & Blakely, 2003)
Barriers to Treatment Identified by Rural Addiction Counselors included a lack of:

- Funding
- Public transportation
- Case management
- Interagency cooperation
- Detoxification facilities
- Mental health services
- Medication assisted treatment (MAT)
- Privacy

(Pullen & Oser, 2014)
Perhaps the two most significant obstacles to providing high-quality mental and behavioral health care in rural America are the persistent shortage of trained specialists and professional/personal isolation.

(Deleon, Kenkel, & Shaw, 2012)
Higher rates of substance use in rural communities compared to urban areas have been well-documented.

(Martino et al., 2008; Small et al., 2010; Shannon et al., 2010; Gamm et al., 2003; Jackson et al., 2006; Lamberts et al., 2008; Blazer et al., 1987; Jackson, 2012)
FIGURE 1. PERCENT OF ADOLESCENTS REPORTING LIFETIME, PAST YEAR, AND PAST MONTH ABUSE OF PRESCRIPTION PAINKILLERS, 2014

(SAMHSA, 2014)
Resistance to therapeutic techniques and revealing to friends/families the presence of a mental illness will be amplified in rural settings... clinicians must understand that the reasons behind such resistance may well be based in cultural, rather than cognitive decision-making processes.

(Smalley & Warren, 2012)
Not all cultural aspects of rural living have negative impacts on mental health.

Religiosity, highly prevalent in rural areas, can have a protective and therapeutic effect.
Remember

- Not all rural cultures are the same
- Be aware of the potential effects of rural living on personality characteristics, including self-reliance and avoidance of help-seeking behaviors
- Explore religion as appropriate with rural clients
  - Do not assume clients are or are not religious, but be mindful of the fact that religious beliefs may enter in the therapeutic discussion
- Don’t make assumptions about a patient’s SES just because they live in a rural area and poverty rates are higher
- Rural areas have more stigma about receiving mental health services

(Bryant-Smalley & Warren, 2012)
GOAL

Participants will become familiar with technologies used to access recovery support and will use this knowledge to assist individuals and programs to develop a robust toolbox for supporting and maintaining recovery.
<table>
<thead>
<tr>
<th>Learning Objectives</th>
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<tr>
<td><strong>By the end of the training you will be able to</strong></td>
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Neither the NFAR ATTC nor the trainers presenting today endorse or promote the use of any specific technology application mentioned in this training.

All technology applications are discussed as examples of available resources only.

The NFAR ATTC does not guarantee that any technology application discussed is compliant with any federal, state, or local regulation.

Please consult with an attorney, your institution’s HIPAA compliance officer, and/or your local licensing agency before utilizing any technology for clinical or recovery support purposes.
PART 1. OVERVIEW OF RECOVERY SUPPORT
“A combination of multiple problems, stressors, and limited social support appears to propel individuals to continue to seek help when other options to change are no longer viable, and when problem severity reaches a critical threshold.”

(Grella & Stein, 2013)
There is a growing consensus that recovery is more than simply abstinence from alcohol and other drugs.

(Garner et al., 2014)
SAMHSA’s working definition of Recovery from Mental Disorders and/or Substance Use Disorders:

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

(http://www.samhsa.gov/recovery)
SAMHSA has delineated 4 major dimensions that support a life in RECOVERY.
• Overcoming or managing one’s **DISEASE(s)** or symptoms
• Making informed, healthy choices that support physical and emotional well-being

[Health](http://www.samhsa.gov/recovery)
Having a **SAFE and STABLE** place to live
Purpose

• Conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors

• Having the independence, income, and resources to PARTICIPATE IN SOCIETY
Community

Having RELATIONSHIPS and SOCIAL NETWORKS that provide support, friendship, love, and hope

(http://www.samhsa.gov/recovery)
Recovery Support Services

- refers to the whole spectrum of services that can support addiction recovery
- is most often applied to non-clinical services (i.e., support beyond the arenas of clinical assessment, diagnosis, and treatment)

(White, 2009)
For this curriculum we will use the term **Recovery Support Technologies** which can be recommended/prescribed by peers and recovery and addiction treatment professionals.
RSS Models

- **alternative** to addiction treatment model
- **sequential** model
  - professional care followed by RSS
- **parallel** model
  - professional care and RSS provided simultaneously by the same or different organizations
- **integrated** models
  - treatment services and RSS provided by the same organization or highly coordinated multi-agency teams
Today new recovery support systems are emerging that are without historical precedent and that will exert a profound influence on the future of addiction treatment and recovery in the United States and throughout the world.

(White, 2012a)
PART 2. HOW TECHNOLOGY ADDRESSES RECOVERY BARRIERS
Majority (90%) of persons with SUDs have *not* entered treatment

20.2 MILLION in 2013

(NSDUH, 2013)
### Reasons for not participating in treatment

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>not ready to stop using</td>
<td>40.3%</td>
</tr>
<tr>
<td>no health coverage - could not afford cost</td>
<td>31.4%</td>
</tr>
<tr>
<td>possible negative effect on job</td>
<td>10.7%</td>
</tr>
<tr>
<td>concern that getting treatment might cause others to have negative opinions</td>
<td>10.1%</td>
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<tr>
<td>not knowing where to go for treatment</td>
<td>9.2%</td>
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<tr>
<td>no program having type of treatment</td>
<td>8.0%</td>
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</table>

(NDSUH, 2013)
How do we give treatment providers and recovery support specialists greater reach and tools to address these barriers?
Technology has the potential to narrow the “access gap” to behavioral health interventions and reduce health disparities in disadvantaged and hard-to-reach populations (Gibbons et al., 2011)
Chronically ill patients spend only a few hours per year with a doctor or nurse, leaving 5,000 hours per year in which they are engaged in other health-related behavior. (Asch et al. 2012, p. 1)
• deciding whether to take prescribed medications or follow other medical advice
• deciding what to eat and drink
• whether to smoke
• making other choices about activities that can profoundly influence their health

(Asch et al. 2012, p. 1)
Use of online and mobile technologies is increasingly ubiquitous across age, race/ethnicity, and geography. Increasingly, consumers rely on Internet- and smartphone-based tools for health information and tracking.
The widespread availability of online health information is increasing self-management of chronic illness.

72% of Americans have looked for health information online.

62% of smartphone users have used their phone.

(Pew Research, 2015)
Current highest levels of mobile phone use is among those with the greatest unmet need for recovery services:

- Adolescents
- Young adults
- Socioeconomically disadvantaged
- Frequent movers
- Latinos and African Americans
- Those engaging in health-compromising behaviors

(Fjeldsoe, 2009; Pew Research, 2015)
90% of people over age 6 will own SMARTPHONES by 2020

(Techcrunch.com, 2015)
"Hold on a minute. I'm downloading an app to monitor my app downloading."
DIGITAL DIVIDE
If the substance use treatment field ignores technology, the most common way people communicate, ...
it risks becoming irrelevant
It’s imperative that professionals understand...

• the ability of technology to reach enormous numbers of people (it is undeniable)

• the use of technology for recovery support offers the possibility of better care, reduced stigma, and broader reach

• they have an obligation to ensure that everyone in recovery has access to this support
Helping clients learn to navigate technology is a critical step in ensuring access to tools that they will need to maintain long term health.
Technology Facilitates Addiction and Recovery

- Social media networks and technologies are increasingly used for accessing drugs before treatment
- Converting this skill/knowledge toward more positive use of technologies should be a key focus of treatment

(Wolf-Branigin, 2009)
Technology can be helpful in:

- providing support 24/7
- making long-term support available >3 years
- offering privacy
- ensuring access to positive group support

(Rapp et al., 2006; McColl et al., 2014)
KEY BENEFITS OF RECOVERY SUPPORT TECHNOLOGIES (RSTs)
RSTs Save Time and Money

- Easily disseminated
- Cost effective
- Available outside the time constraints of the clinical setting
- Transcend geographic boundaries
- Replicable

(Clough & Casey, 2011; Gainsbury & Blaszczynski, 2011; Marsch, 2012)
RSTs Meet the Needs of Underserved Populations

Addresses unmet recovery support need for people facing stigma because of

- sexual orientation
- gender identity
- race/ethnicity
- co-occurring issues
- disability
RSTs Engage Youth

- Youth with SUDs have high relapse rates
- Texting is the primary way youth communicate, exceeding face-to-face, email, and voice-phone contact
- Texting Recovery Support program is a way to engage youth in recovery
- Helps prevent relapse
- Promotes health lifestyle changes

(Gonzales et al., 2014)
RSTs Help Rural/Frontier Populations

- Responds to workforce shortage
- Lack of recovery programming
- Geography burden
- Stigma

(Luxton et al., 2011 cited in McColl et al., 2014)
RSTs Provide Real-Time Intervention

- “Ecological Momentary Intervention” (EMI)—intervening on behavior as it occurs in the moment by utilizing mobile technologies
- Mobile apps can warn patients when they are entering a high risk area

(Heron & Smyth, 2010)
RSTs Increase Social Support

- Can cultivate an online support network that endorses a sober lifestyle
- Can increase social-connectedness to a new community
- Can relieve feelings of isolation

(McColl et al, 2014)
RSTs Increase Empowerment

Technology places decision-making in the hands of the clients, giving them voice and choice in their recovery.
RSTs Promote Earlier and Longer Engagement in Care

- Fills the gap between seeking treatment and availability of SUD services
- Bridges the gap between inpatient and aftercare

(Clough & Casey, 2011)
RSTs Produce Better Recovery Outcomes

- Increased adherence
- Longer engagement
- Longer periods of abstinence
- Increased positive behavioral changes
- Greater ease of self-disclosure

(Clough & Casey, 2011; Gainsbury & Blaszczynski, 2011; Marsch, 2012)
Technology can be a powerful partner in helping people establish and maintain recovery. (Cohn et al., 2011)
PART 3. TYPES OF TECHNOLOGY USED FOR RECOVERY SUPPORT
Technologies Used in Recovery Support

- Web-based support
- Social networks
- Blogs, videos, and podcasts
- Mobile technology and texting
WEB-BASED SUPPORT
Primary areas of beneficial impact

Emotional Support

Socialization

Information

(McColl et al., 2014)
The Tools of Recovery from Addiction

The First Rule of Recovery

You don’t recover from an addiction by stopping using. You recover by creating a new life where it is easier to not use. If you don’t create a new life, then all the factors that brought you to your addiction will eventually catch up with you again.

You don’t have to change everything in your life. But there are a few things and behaviors that have been getting you into trouble, and they will continue to get you into trouble until you let them go. The more you try to hold onto your old life in recovery, the less well you will do.

Here are the three most common things that people need to change in order to achieve recovery.

Avoid High-Risk Situations

Some common high-risk situations are described by the acronym, HALT:

- Hungry
- Angry
- Lonely
- Tired

How do you feel at the end of the day? You’re probably hungry because you haven’t eaten well. You’re probably angry because you’ve had a tough day at work or a tough commute home. You may feel lonely because you’re isolated. You don’t have to be physically alone to feel lonely. And you’re tired. That’s why your strongest cravings usually occur at the end of the day. Here’s another way of looking at high-risk situations:

- People. (People who you use with or who are related to your use. People who you have conflicts with, and who make you want to use. People who celebrate by using. People who encourage you to use either directly or indirectly.)
- Places. (Places where you use or where you get your drugs or alcohol.)
- Things. (Things that remind you of your using.)

How can you avoid high-risk situations? Of course, you can’t always avoid these situations. But if you’re aware of them, they won’t catch you off guard, and you can prevent little craving from turning into major urges.

Take better care of yourself. Eat a healthier lunch so you’re not as hungry at the end of the day. Join a 12 step group so that you don’t feel isolated. Learn how to relax so that you can let go of your anger and resentments. Develop better sleep habits so that you’re less tired.

Avoid your drinking friends, your favorite bar, and having alcohol in the house. Avoid people who you used cocaine with, driving by your dealer’s neighborhood, and cocaine paraphernalia.
Web-Based Disease Management Programs for Addiction

MORE (My Ongoing Recovery Experience)

• 7 recovery modules-content tailored
• 18-month period
• Journal/workbook
• Access to counselors and other individuals in recovery

(Klein et al., 2012)
Online Support Groups (OSGs)

Can include forums to share and discuss experiences with others, which may be asynchronous discussion boards or groups where users post and reply or synchronous groups conducted via video/audio feeds or instant messaging.
OSGs have a direct effect on well-being and personal empowerment. (Tanis, 2007; Barlett & Coulson, 2011)
Examples of Online Support Groups

**English-language Online Meetings**

Meeting Records - 1 to 8 of 8
First Previous 1 Next Last

**C, GLBT, AA Lesbian 3 (AAL3)**

We are a group of alcoholic lesbians with a member base of 22. We post a topic each week via email and everyone can share on that topic or share on anything they want. We have alot of experience, strenght and hope here.

gazbos@aol.com

**C, GLBT, AA4gaymen**

A group of men, from all walks of life, who share their experience, strenght and hope with each other, one day at a time.

AA4gaymen@yahooogroups.com

**C, GLBT, AAL 1**

We are a grateful group of lesbians recovering from the disease of alcoholism and sharing our experience, strength and hope with each other. Our weekly meeting post goes out on Sunday afternoons and members share throughout the week. We'd love to have you join us.

inheaven1@mac.com

**C, GLBT, GLBTYPAA**

The Gay, Lesbian, Bisexual and Transgender Young People of Alcoholics Anonymous (GLBTYPAA) host a regular online meeting of Alcoholics Anonymous.
Sober Activities Meetups

Find out what’s happening in Sober Activities Meetup groups around the world and start meeting up with the ones near you.

Related topics: Sober Hangouts · Sobriety · Sober · Sober Fun · Alcohol and Drug Free · Alcohol-Free · Recovery and Fellowship · Support and Recovery · Alcoholism · Addiction

Largest Meetup Groups

1. Sober Slice
   Dublin, Ireland
   Hello all... "Sober Slice" is a new meet up group that welcomes all with open arms. It's not specific to singles and hopes to attract people from all corners of the world. The idea behind the group's formation is that you can enjoy life in Ireland with... 
   Meetup topics: Social · Alcohol-Free · Seminars · Coffee · Sober Activities · International Friends · New In Town · Fun Times · Adventure · Social Networking · Walking · Outdoor Fitness · Film

   3,994 Slicers

2. London dancing not drinking
   London, United Kingdom
   This is a group for people who love to head out to clubs and bars but prefer a night out to concentrate on the dancing not the drinking. I am a Te-totaller but I love to dance and it would be really nice to find other people who want to make new frie...

   1,744 Dancers
Online Support Groups

- aa-intergroup.org
- www.AlcoholHelpCenter.net
- www.smartrecovery.org
- www.cyberrecovery.net
- www.addictiontribe.com
- www.NAChatroom.org
Benefits of OSGs

• Convenient
• 24/7 access
• Lead to meaningful peer connections
• Preserve users’ anonymity
• Specialty groups accessible
• Bridge between inpatient and outpatient programs
• Improved outcomes in maintaining recovery

(Bartlett & Coulson, 2011; Clough & Casey, 2011; McColl et al., 2014)
Online support groups are associated with higher life satisfaction and highly desired by people in distress, reporting positive and relevant interactions.

(McColl et al., 2014)
I just feel sooooo much better knowing I'm not alone...

Sarcasm support group
SOCIAL NETWORKS
Social network sites allow individuals to
• share updates, photos, and news with family and friends
• network about specific topics
Closed social media networks
Social network site benefits

- Easily accessed across devices
- Allows rapid sharing of resources
- Large reach and engagement
- Common experiences reduce stigma
ONLINE NARRATIVES
Recovery Blogs

- a type of website started by someone in recovery
- contains entries of personal commentary and discussions on different aspects of addiction recovery
- similar to an online diary
- usually interactive, allowing visitors to make comments and message each other
- helps people connect, learn, and share ideas
- may also feature news or magazine articles
To The Woman On The Bathroom Floor

Tomorrow is my one year sobriety anniversary. Again.

Instead of posting on my anniversary, however, I find myself needing to write today, because I am thinking a lot about where I was exactly one year ago today.

As I write this, it is 5pm. At 5pm one year ago today I was lying on my bathroom floor, drunk and crying and asking people to just let me die. A sober friend was visiting, and I chose that afternoon to relapse. I had smuggled alcohol into the house that morning, but didn’t drink it. I think, in retrospect, I subconsciously drank it when a sober friend was around. It was a way of asking for help without actually asking. I think. That’s the sick way this disease works. My brain was so hijacked by pain and desperation it told me blotting it all out was a better solution than surrendering and asking for help.

I drank to erase myself, once and for all. I knew the consequences of relapsing would be horrible. After all, a mere three and a half weeks earlier I had been arrested for a DUI. My shame was so severe, so all-consuming, that I didn’t see a way out other than to completely blow up my life.

This is the way addiction speaks to me. It tells me how unworthy I am, how unlovable and selfish and horrible. It tells me there is no hope, that I may as well go ahead and drink it all away, because the chaos and hurt I had created could never, ever be fixed.

If you have ever loved someone who struggles with alcohol, you know how confounding this disease is, how painful it is to watch someone you love (and probably hate now, too) continue to fall into a bottle despite all the negative consequences, all the tearful pleading, and the unconditional and tough love you could possibly offer.

My Book Is Now on Amazon.com!

Let Me Get This Straight

The Best of One Crafty Mother
(Volume 1)
by Ellie Schaefer

Black & White edition only $12.00

Get eBook or pdf version of the book and see a preview!
Delete, Delete, Delete

Posted on October 21, 2013 by Joseph Sharp — 2 Comments

‘Do I really have to do this?’ he asked, pitifully. ‘I’m not sure that I can.’

‘Then, I guarantee you’ll use again,’ I said. ‘Not probably, but definitely. Period.’ We were talking about deleting all his former using contacts from his phone and computer.

The rule is simple: when trying to quit, put as many obstacles between you and using again as possible. Don’t make it easy to pick up. Make it hard work, and that begins with deleting every last one of your old using contacts.
Here is the list of the top addiction and recovery blogs for 2014:

1. The Fix, [http://www.thefix.com](http://www.thefix.com) (74,836)
2. Momastery, [http://momastery.com](http://momastery.com) (95,935)
7. Spiritual River, [http://www.spiritualriver.com](http://www.spiritualriver.com) (311,142)
10. Sort My Life Solutions, [http://www.smyls.co.uk](http://www.smyls.co.uk) (465,037)
15. Recovery Health Care, [http://recoveryhealthcare.me](http://recoveryhealthcare.me) (921,193)
Science supports therapeutic benefits of writing about personal experiences, thoughts, and feelings.

- **Expressive Writing**
  - improves memory and sleep
  - boosts immune systems
  - reduces viral load in AIDS patients
  - speeds healing after surgery

(http://www.scientificamerican.com/article/the-healthy-type/)
Research on Blogging as Therapy

For adolescents, blogging:

• offers a safe arena for self-exposure
  – contributes to well-being
  – a beneficial environment
  – a resource for information-handling skills that can lead to learning and empowerment

• significantly reduces level of distress

• increases the likelihood of the blog writer’s change processes when an active audience is reading and commenting on the content

(Boniel-Nissim & Barak, 2013)
Podcasts

Podcasts are an audio recording or episodic series, like a radio show, made available on the internet. Audiences can subscribe to download through web syndication or stream online to a computer or mobile device. Podcasts are a type of social media.
Podcasts

The Bubble Hour
By The Bubble Hour
To listen to an audio podcast, mouse over the title and click Play. Open iTunes to download and subscribe to podcasts.

Description
Real people in recovery talk openly and honestly about alcoholism and recovery. Real People. Real stories. Real hope.

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
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Free
Category: Philosophy  
Language: English  
All Rights Reserved.

Customer Ratings
★★★★★ 19 Ratings

Links
Podcast Website  
Report a Concern
021: 10 Ways to meet new friends in sobriety

July 13, 2015  By paully12b  Podcast  0 Comments

Here are the 10 ways to meet new friends in sobriety that Paul discusses in this podcast episode.
Online Narrative Benefits

- Provides access to the stories of other people going through recovery
- Writing shown to alleviate depression, loneliness, pain, and stress
- Anonymity promotes confidence to express thoughts and feelings
- Protection from stigma
- Reinforces social skills and strengthens feeling of belonging

(Boniel-Nissim & Barak, 2013; White & Dorman, 2001; Betton & Tomlinson, 2013)
MOBILE TECHNOLOGY AND TEXTING
Apps

• work on **smart phones or tablets** as stand-alone programs or to connect to other computers or devices
• have a wide array of functions built into them, such as:
  – mobile access to resources
  – text or video-based chat
  – geo-tracking capabilities that alert user and contacts of a person’s location and identify location of nearby services or peers
Average number of apps per smartphone in the US in 2012 was 41
(Neilson, 2014)
Apps provide:

- Information
- Motivation
- Support
- Feedback
Mobile apps have the advantage of existing on a device that’s already in patients’ hands at any time of day.

(Marri et al., 2014)
App users reported that apps helped them:

- Keep focused on recovery goals and sustain recovery
- Avoid relapsing when no other support was available
- Facilitate consistency and routine in their lives
- Connect with other people, groups, services
- Feel inspired and motivated

(Savic et al., 2013)
The ORIGINAL & MOST COMPREHENSIVE sobriety tool available for members of Alcoholics Anonymous.

With a feature packed Big Book reader, search tool, sobriety calculator, notes, AA contacts database and more, your experience is unmatched! Every member of AA will find this app very useful yet quite simple to use.
ACHESS

- Monitoring and alerts
- Reminders
- Autonomous motivation
- Assertive outreach
- Care coordination
- Medication reminders
- Peer & family support
- Relaxation
- Locations tracking
- Contact with professionals
- Information

(Gustafson et al., 2011; Marsch, 2012; Savic et al., 2013)
Apps benefits

- Accessible on many devices
- Portable
- Discreet
- Enables access to help 24/7
- Cutting edge technology
- Novel and engaging method of delivering content
- Geotracking capabilities allow identification of peers and services
- Crisis alerts for immediate intervention
- Free or inexpensive
I've got a new app that sorts out potentially stressful text messages.

My mother does the same thing for me.
Research has demonstrated that text messaging can produce effective behavior change results.

(Fjeldsoe, Marshall, & Miller, 2009; Krishna, Boren, & Balas, 2009; Bauer, Percevic, Okon, Meermann, & Kordy, 2003)
In 2013, **1.91 trillion** text messages were sent in the United States... and more than **8 trillion** text messages were sent worldwide.

Liu B. How Many Text Messages Are Sent Each Year?. 2013 Bloomberg TV video, 0:27. [http://www.bloomberg.com/video/how-many-text-messages-are-sent-each-year-RDvLwi1WRgiiHMmiV_k_Fw.html](http://www.bloomberg.com/video/how-many-text-messages-are-sent-each-year-RDvLwi1WRgiiHMmiV_k_Fw.html)
Current evidence demonstrates that clients use and are interested in using technologies as part of their treatment or continuing support (Moore et al., 2011; Muench et al., 2013; Muench, 2015).
Youth-Focused Texting Case Study

- Used youth to craft language
- Daily self-monitoring texts, a daily wellness recovery tip, and substance abuse education and social support resource information on weekends
- Compared with standard aftercare, texting reduced relapse risk and promoted recovery engagement

(Gonzales et al., 2014)
“I’m looking for a child psychologist who can communicate with my daughter. Are you good with your thumbs?”
TxTEXT: How is your MOOD right now? (0=extremely negative, 1=somewhat negative, 2=neutral, 3=somewhat positive, 4=extremely positive). Reply MOOD #

Mood 4

TxTEXT: Have a nice day!

TxTEXT: Did you take your medication today? Text back MEDS Y or MEDS N

Meds y

TxTEXT: Keep up the good work!

(Ingersoll et al. 2014)
Texting benefits

- Allows for direct contact
- Asynchronous—can reach someone at any time; flexibility in timing
- Used routinely for reminders in medical settings—increases attendance
- Tailored messages can change behavior
- Therapeutic reminders can bridge gap between treatment and daily life
- Cost effective

(Clough & Casey, 2011)
Recovery support via technology provides alternative pathways to care

(McColl et al, 2014)
PART 4. INTEGRATING TECHNOLOGY INTO RECOVERY SUPPORT SERVICES
How does a counselor or recovery support specialist put this technology into action?
Models for deploying RSTs

• **Adjunct to substance abuse treatment**
  – “prescribed”
  – In-treatment skills-building

• **Partial replacement** for typical interactions with patients
  – Identify patients who could benefit from RSTs
  – Frees time for more intensive in-person work

• **Stand-alone** tools for individuals who are not able/willing to engage in traditional services

(Marsch, 2012)
Facilitators of Technology Use

• Find a technology champion
• Use technology as an adjunct to therapy goals
• Keep up-to-date on technologies
• Remember: balance is essential
• Understand how patients use technology outside of treatment/recovery support services

(Collier & Gavriel, 2015; Clough & Casey 2011)
STRATEGIES FOR EVALUATING AND RECOMMENDING RSTs
Shift Attitude to Embrace Technology

“Therapists need to know what’s going on in the world. They need to know about technology. If you don’t know about social networks, it’s harder to know about the clients and the dynamics that go on. If you don’t get it, your client isn’t going to feel understood.”

(Reardon, 2010)
Encourage Clients to Engage in Technology

• Collier & Gavriel study showed that clients who kept mobile phones while in treatment had fewer risky drinking days

• Use in-person interaction with clients as an opportunity to connect them with technology resources to bridge the treatment gap

• Technology helps clients build self-reliance

• Self-care technology is a complement to traditional treatment

(Collier & Gavriel, 2015)
Criteria for Recommending RSTs
1. Utility – Does it satisfy an actual need?
2. Usability – Is it simple to use, intuitive to navigate, provide a usable service?
3. Popularity – Do other users recommend the technology and continue to use it?
4. Evidence-base – Is the information included accurate, informed, and based on evidence or promising practice?
5. Security – Does it limit disclosure of personal information?
6. Culturally appropriate – Does it meet the cultural and language needs of the consumer?
7. Informed consent – Can you evaluate risks and benefits?

(Maheu, 2015; McColl et al., 2014)
In order to recommend RSTs, providers and support specialists must become familiar with the technologies.
• **Read blogs** by both practitioners and people in recovery

• **Open accounts** on Facebook, Twitter, and other social networking sites

• **Find** a variety of online support groups

• **Search** for apps, read reviews, download and explore a few apps

• **Explore** the functions, seek out resources, and comment on posts

• **Make notes** about what is helpful, worrisome, confusing
Pilot and Elicit Feedback

- Leverage professional social media networks to learn what peers recommend
- Test the technology and list pros and cons as well as examine accuracy of health information
- Ask clients to report back on technology they are using
  - Was it useful? Still using it? Recommend to others?
  - Track behavior change

(Boudreaux et al., 2014)
Decrease privacy concerns by:

- Reading privacy policies for any technology that requests identifying information
- Encourage clients to
  - limit information disclosure
  - use non-identifying usernames and photos
  - avoid disclosing information that is not required, such as phone number and address
Privacy and Security for Apps

The apps that presented the lowest privacy risk to users were paid apps. This is primarily due to the fact that they don’t rely solely on advertising to make money, which means the data is less likely to be available to other parties.

(Frank, 2013)
Maintain Relationship Boundaries

- Avoid “friendeing” clients on personal Facebook pages.
- Establish protocols for when and how to communicate via technology.
- Don’t monitor clients on social networks, online support groups, or other media.
HELPFUL TIPS
FOR RESPONSIBLE USE OF TECHNOLOGY BY CONSUMERS
Safety is important

- Don’t text and drive!
- Have a plan for how to get help during crisis.
- If someone is harassing or threatening you, remove them from your friends list, block them, or report them to the site administrator.
- Watch out for triggers, and think about how to avoid them.
- Consider unintended consequences, such as increased feelings of isolation.
Tips for online interaction

• Learn about and use the privacy and security settings on social networks.
• Stay somewhat anonymous.
• Engage/post for best outcomes.
• Be respectful and mindful.
• Don’t believe everything you read.
Patients and consumers are already embracing technology and creating a patient-centered health movement...
However, technology-based interventions are most effective when combined with human support, reinforcing how providers will remain the foundation of care for those seeking help.

(Muench, 2015)
New Ethical Dilemmas in the Digital Age

Technology-Based Supervision: Extending the Reach of Clinical Supervisors

NFAR Trainings

Implementing Technology-Assisted Care into Behavioral Health Settings: A Framework for Change
Telehealth & Technology Community

an online technical assistance community for behavioral health professionals

National Frontier & Rural ATTC
Rural is different ... not less.

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