Technological supports for recovery

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Objectives

- Differentiate between aftercare, continuing care, and recovery
- Clarify term ‘technology’
- Many paths to recovery: the evidence related recovery supports for diverse groups of adolescents
- Discuss some of the some evidence related to technological supports for recovery
- Describe efforts under way
- Recommend consensus statements
Definitions

- **Aftercare**: Assumes an individual completes each stage of treatment and successfully links to the next level of care (SAMHSA, 2009).

- **Continuing Care**: Includes provision of continuing care plan and organizational structure to ensure youth/family receives the care he/she needs (SAMHSA, 2009).

- **Recovery from Mental and Substance Use Disorders**: A process of change through which individuals work to improve their own health and wellbeing, live a self-directed life, and strive to achieve their full potential (SAMHSA, 2011).
Clarifying Terms Used to Describe ‘Technology Use’

- **Technology**: Technology-transfer of evidence-based practice. Or, using some type of computing device to communicate (e.g., computers, mobile phones, tablets).
- **New Media**: Electronic communication made possible via computing.
- **Name Brand**: Facebook, Twitter, eChug/eToke
- **Type Specific**:
  - Pod/vodcasting
  - Virtual reality; interactive games
  - eTherapy; mHealth
  - Tele-health; tele-medicine
  - Social Media/Networking
- **General jargon**: Web 2.0, Internet, Wiki’s
It’s a ‘new’ world

“WELL, YES, WE COULD READ YOUR BLOG.... OR YOU COULD JUST TELL US ABOUT YOUR SCHOOL DAY.”
Adapted from: Clark, W (2008). The benefits of ROSC for Adolescents and Transitional Aged Youth. Presented at the SAMHSA Consultative Session to Develop ROSC for Youth. 11/14/2008 Rockville MD
Multiple Paths to Recovery: Diverse Groups

- **Developmental Stage:**
  - Studies on 12-step approaches typically include older teens thus limiting our understanding of the developmental appropriateness (Wagner, 2008)

- **Girls:**
  - Abused girls had the lowest rate of participation in 12-step groups but had higher scores on measures of counselor rapport and treatment effectiveness (Grella & Joshi, 2003)

- **Racial/Ethnic Groups:**
  - There are mixed results related to utilization, acceptability, and effectiveness of 12-step programs for diverse racial/ethnic groups (Villanuera, Tonigan, & Miller, 2008).

- **LGBT:**
  - Given the cognitive dissonance between organized religion and sexuality, many LGBT individuals with substance use disorders reject 12-step meetings given the discussions of God and some meetings discourage discussion of sexuality (Hicks, 2000).

- **Rural/Frontier:**
  - Hall and colleagues (2008) found no sustained treatment effects on substance problems for rural youth at 12-month post baseline and called for greater levels of continuing care in rural/frontier areas.
Adolescents: Access and Use of Technology

- Nearly 3/4 of all teens in the United States have a cell phone (McClain & Thompson, 2010)
- African Americans are most active users of mobile technologies and have higher rates and rates are growing faster as compared to Whites and Hispanics (Lenhart, A. et. al., 2010)
- 1 in 3 teens sends more than 100 texts a day (Lenhart, A. et. al., 2010)
- Boys typically send 30 messages while girls typically send 80 messages a day (Lenhart, A. et. al., 2010)
Telephone Continuing Care

McKay et al’s (2004 & 2005) adult studies found:

- Participants assigned to the telephone continuing care condition were more likely to be abstinent at 12 and 24 months, compared control conditions, even though they received fewer contacts (average of 7.5 phone calls)

- Individuals with alcohol dependence showed greater significant reductions in the phone continuing care condition

- Individuals with severe alcohol use patterns benefited more from treatment as usual; whereas individuals with lower severity ratings at baseline benefited more from the phone continuing care program

- Individuals with cocaine addiction did not benefit as well in the continuing care conditions, but had lower use patterns in the phone continuing care condition compared to the other conditions
Telephone Contacts

- Subsequently, McKay et al’s (2010) study found phone continuing care and cognitive behavioral therapy worked for all demographics and levels of alcohol abuse patterns
  - The phone continuing care had only 10 phone contacts out of 36 planned, yet displayed significant reductions in alcohol use over 18 months
  - Seemed to work better for women and those who were not ready to change
- Van Horn and colleagues (2011) found that adding $10 vouchers for each phone continuing care session lead to increases in planned contacts
Recovery Supports for Adolescents and Families

- Four Sites:
  - Bloomington, Illinois
  - Fitchburg, Massachusetts
  - Seattle, Washington
  - Tucson, Arizona

- Recovery Supports Tested:
  - Recovery support telephone support by trained volunteers
  - Recovery oriented social networking site
  - Family support using the Community Reinforcement and Family Training (CRAFT) (Myers & Wolfe 2004)
Recovery Supports for Adolescents and Families (RSAF) Key Findings: Telephone Support

- Over 1100 telephone support calls were made to adolescents demonstrating the feasibility of the recovery support service.
- Cross-site data analysis indicates that telephone support increased time spent in alcohol and drug-free activities.

Springer, Ruiz, Passetti, & Godley, 2011
RSAF Preliminary Findings: Social Networking

- The adolescents spent an average of 7 minutes per session on the social networking website and the most popular webpages (excluding profile accounts) were the private messenger (3,087 page views) and chat room (2,854 page views).

- Forty-four (44%) of the Tucson, AZ, adolescents accessed the website post treatment at least once.

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Springer, Ruiz, Passetti, & Godley, 2011
Gustafson and colleagues (2011) at the University of Wisconsin’s Comprehensive Health Enhancement Support System (CHESS) have developed an interactive smart phone application at:

Text Messaging

Hey how are you?
May 31, 2011 9:17 AM

Cool!
Jul 4, 2011 8:11 AM

B safe 2nite
Recovery-Oriented Systems of Care (ROSC) for Adolescent Girls

• Engaged 84 adolescent girls enrolled in 60-day residential treatment program between 2009-2011.
• Maintained engagement with more than 95% for six months regardless of their treatment completion status through multiple strategies (e.g., in-person; technology; pro-social).
• Recovery support services started in treatment and continued after discharge.
Through July: n=55 girls
ROSC: Topics/Focus of Recovery Support Services
mHlth4Yth

- Mobile Health for Youth (mHlth4Yth). The project has:
  - Eight sites currently involved (Healthy Transitions for Youth (HTI); Juvenile Drug Courts)
  - Centralized and automated text messaging system
  - Delivers structured motivational/encouraging messages to help sustain treatment effects and support wellness/recovery in two areas (1) sexual health and (2) alcohol, tobacco, and other drugs
- For more information contact: info@mhlth4yth.org
Important Considerations

- Complexities and Challenges Developing Mobile Health Applications:
  - A need to create evidence-based, verifiable, evaluations of the programs.
  - A need to address the longer-term sustainability of the programs.
  - A need to address regulatory and privacy/security issues.

Other Work in Progress

- Department of Defense
  - National Center for Telehealth & Technology
    - Mobile apps:
      - PTSD Coach
      - Breathe2Relax
      - T2Mood Tracker

- Health and Human Services Mobile Applications Initiatives
  - Apps Against Abuse
  - Txt4Babies
Consensus Statements

- Teens and particularly underrepresented teens are large consumers of technology.
- Studies demonstrate feasibility for implementing technology-driven supports with adolescents.
- Adult telephone support studies demonstrate effectiveness for sustaining treatment gains.
- Technology enhanced recovery support services should be implemented using a systematic, centralized approach that adheres to participant protections rules/regulations.
- Study the immediate and distal effects of using technology enhanced recovery support services with adolescents.
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Citations


McClain, I. & Thompson, MD (2010). The Use of Cell Phone Technology Provides Teens More Control and Independence and Healthcare Cost Savings in the Management of Chronic Disease. Perspectives in Health Information Management, 1-3.


