

Female VO: The Substance Abuse and Mental Health Services Administration presents the *Road to Recovery*. This program aims to raise awareness about substance use and mental health problems, highlight the effectiveness of treatment and that people can and do recover. Today's program is: Using New Technologies To Expand Treatment and Recovery Services.

TORRES: Hello, I'm Ivette Torres and welcome to another edition of the *Road to Recovery*. Today, we'll be talking about using new technologies to expand treatment and recovery services. Joining us in our panel today are Dr. H. Westley Clark, Director, Center for Substance Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland.

Jeremiah Gardner, Public Advocacy and Media Relations and Communications Professional, Hazelden Betty Ford Foundation, Center City, Minnesota. Jonathan Linkous, Chief Executive Officer, American Telemedicine Association, Washington, DC. Dr. Lisa Marsh, Director, Center for Technology and Behavioral Health, Dartmouth Psychiatric Research Center, Dartmouth College, Hanover, New Hampshire.

Dr. Clark, let's first talk about the dimensions of digital technology. Define for us "digital technology."

CLARK: A digital technology basically for your audience is relying on electronic media like the Internet, using technological innovations from smartphones to computers to exchange information and to promote greater awareness of that information.

TORRES: And it also, I suspect, engages the whole realm of digital records for patients so that the transfer of information then becomes more accessible.

CLARK: Indeed, digital technology does include electronic health records, sharing information through health information exchanges as well as websites and online communities as well as what they call these days "big data"—allowing information to be synthesized that address various issues.

TORRES: Very good. So Jon, what are some of the major ways that technology innovation can improve treatment and recovery specifically?

LINKOUS: Well, there's so much change going on right now, and so the applications that we see today are much different than they used to be. I mean, you can use mobile phones to go directly to people no matter where they are. And that is really an amazing thing that's happened. A number of applications that are available specifically in the mental health and recovery areas are just multiplying.

And so it's becoming much more ubiquitous in its availability and also, as Dr. Clark mentioned, it can become much more available to people who can try it out. And so the technology is interactive, where you can use it to talk to a therapist, or talk to a clinician, or it can be such that's iterative that you can use it to keep track yourself in a more self-help basis.

TORRES: And Lisa, is there already a comprehensive model that exists for technology applications in behavioral health care?

MARSH: Well, I think that we're learning quite a lot about this space, and I think there's very clear evidence that if you develop these tools well—and the

development piece is really key—and I think we don't want to diminish the importance of that because how you develop these tools in collaboration with the end user and making sure you create something that really brings value to the end user hugely impacts the outcome of these tools.

But if you develop these tools well, we see that they are highly acceptable; they're useful; they can improve functioning and outcomes for individuals; they can increase the quality of service delivery; they can be cost-effective; they can increase service capacity; they can reach folks in rural communities; even the most disadvantaged and vulnerable populations we see can tremendously benefit from these tools.

TORRES: Very good. Jeremiah, we do know there's a mental health and substance use disorder treatment gap. How do you think that these new technologies will address that gap?

GARDNER: Well, if by gap, we're talking about the fact that only 10 percent of people who need treatment seek it out and get it, it can do wonders. I think one of the things that is—you've got to think about why do

people not seek treatment? There's a number of reasons for that. One is cost; one is not recognizing the problem or coming to grips with the problem.

Getting treatment or getting help is a long decision for a lot of people. They start thinking about it but they maybe don't make that decision for a long time, One of the things I work with is our peer support network that the Hazelden Betty Ford Foundation provides and that allows people to kind of tip toe into the notion of thinking about do I have a problem? What sort of help might be available?

TORRES: And how so? Can you give some descriptions of how that happens?

GARDNER: Well, sure. So our online recovery community is available to the whole world. It's free. It's available 24/7. And I manage that day to day. And so I see people every day who come in and are struggling. It may be getting close to their rock bottom, so to speak, and they just reach out for help. And because it's online and it's anonymous, sometimes that's so much easier to do then to walk into an AA meeting or

especially much easier than walking into a treatment center.

TORRES: Very good. And when we come back, we'll continue to talk about access issues, prevention issues, and other behavioral health care services innovations in this area. We'll be right back.

[Music]

MS: For more information on **National Recovery Month**, to find out how to get involved, or to locate an event near you, visit the **Recovery Month** website at recoverymonth.gov.

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Female VO: Susie Mullens, program director of Appalachian Technology Assisted Recovery Innovations in Charleston, West Virginia, talks about the implementation of a smartphone app to assist people seeking recovery.

FS: So ATARI stands for Appalachian Technology Assisted Recovery Innovations. And that is our grant from SAMHSA. We have been working with the University of Wisconsin, and provide their ACHES app. And we also

provided smartphones and 6 months of service,
unlimited talk, text, and data.

Female VO: Randa Hills, outreach worker at Westbrook Health Services in Parkersburg, West Virginia, discusses the effectiveness of using the mobile app.

FS: Some people who have graduated, they're not here anymore, but we've been able to connect people who are in recovery now who are going through our program to those people who've graduated the program. The statistics of the app, 83 percent of the people have stayed sober using it. And 90 percent of them continue to come back to us for services.

Female VO: Susie Mullens continues.

FS: Addiction doesn't sleep, and so helping clients be able to access resources, peer support 24/7—that's been, I think, the real value of being able to provide the phone and the service and the apps.

[Music]

TORRES: Lisa, I'm coming back to you to talk about the whole area of prevention. What have we learned in

terms of innovations that work in the prevention area for substance and mental disorders?

MARSH: So there's been a lot of exciting research focused on developing and evaluating various prevention tools for lots of different populations—children, adolescents are among them—focused on building up protective factors and reducing risk factors for substance use and later other risk behavior. And some of these are interactive games and tools that can be used in classroom settings, but also through other distribution channels.

And the data show again, if you develop these tools well, you can get terrific outcomes, you can get outcomes to what you achieve with prevention curricula delivered by highly trained educators. But what we know is that there aren't enough highly trained educators to meet the needs for our nation. And so really, these are tools that can expand the impact of prevention programming.

TORRES: So if someone, not giving any product name, but if someone wanted to look up a system that may be used

in their home, they would look up interactive games, prevention?

MARSH: There are many tools out there, and I think sometimes it's hard for folks to know which ones work and which ones don't work. And there are some resources available to help decision making around that: U.S. Substance Abuse and Mental Health Services Administration, for example, has great resources, the National Institute on Drug Abuse and National Institute of Mental Health. Our research center, the Center for Technology and Behavioral Health, has a website, which has a centralized toolkit, reviewing in very brief language the evidence base behind various behavioral health tools.

TORRES: Jeremiah, you are in recovery yourself. Let's talk a little bit about did you have these technologies when you were in the middle of your crisis? And if not, tell us a little bit of what you went through versus what you would go through today using some of these technologies.

GARDNER: Sure. I've been in recovery for just about 8 years. I went to treatment in Minnesota and not at

Hazelden, but at a Minnesota model-based treatment facility. And when I got done with treatment, my 30 days, I went back to work and went back home and that was pretty much it. I had a couple aftercare sessions, but there weren't any tools really to engage me. I would go to AA, but that was about it.

And one of the things we know for sure is that recovery doesn't happen in the treatment center, it happens in the community. It really begins in the treatment center. And so today, if I were to go through treatment today, like at Hazelden Betty Ford at one of our facilities, for example, I'd get a whole host of resources, including I'd take an assessment before I left treatment that would give me a customized version of what we call My Ongoing Recovery Experience, it's MORE.

It's a web and phone-based support system where people get customized, seven customized modules that they go through over 18 months, all rooted in evidenced-based practices, cognitive behavioral therapy, motivational enhancement therapy, and 12-step facilitation. And they get phone support from coaches who actually call them—based on their interaction with the web portion

of it—they can trigger additional calls from the coaches.

We also have, we have almost 20 mobile apps that are available not just for our patients but to anybody in the world. Those apps allow you to do all sorts of things right at your fingertips: you get meditations and sort of lessons to work through each day.

You can track your mood and what things you're dealing with. So those are just a couple of examples of stuff that I didn't have when I went through treatment that we can have today.

TORRES: Very good. Dr. Clark, specifically as we look at peer support, are there any new innovations that will be facilitating a dialogue among peers?

CLARK: Indeed, there are software packages and apps oriented toward peers to facilitate peer support. The whole objective is to create a greater reach because there are situations both in terms of mental health issues like depression and anxiety that people like to know that the people with whom they're communicating;

they have an understanding of what they're going through.

So different apps are targeted toward peers, and some of the apps also facilitate information about various peer support meetings, face-to-face meetings, it's not just online discussions, but some of the apps attempt to keep current either 12-step meetings or other types of peer support meetings where people can go, and they can use their smartphone and find a peer support face-to-face meeting.

TORRES: Very good. Lisa, are there tools for counselors or others to use to monitor clients between sessions who may not be as willing to be engaged with this technology?

MARSH: So I think these tools can be used in very flexible ways, so you can have tools that folks self-initiate use of these tools, and we find that that is very meaningful. You know, 2 a.m. on a Saturday night, you might feel that risk of relapsing, and you have something right there available to you that might help you successfully get through that.

But you can also use these tools in a way that they interface with systems of care, you can have clinicians set up ways to prompt folks to use it, to see what they're doing, to integrate into their service delivery model what folks are also doing with these technology-based, therapeutic tools.

TORRES: Very good. Let's get back to electronic health records. And Jon, how does the transition to electronic health records support the integration of behavioral health care with primary care?

LINKOUS: I think we've been a slow adopter of electronic health records, but they've been a great facilitator as we move ahead for a number of reasons. One of the things that is true not only in recovery but in so many other areas is comorbidity so that we have individuals who maybe are suffering from a chronic disease and have depression as related to it.

And so it's really important to have the records that can pull together all of the information about a client or a patient or a consumer and have them all in one place and communicated. The other one is using the technology, which are tools, I mean we're talking

about tools here, we're not talking about a new way of providing mental health; we're just saying this is a new way of delivering it.

In many cases, with this you may be talking about more than one provider over time. And it's very, very important to have that chain of information that goes from one person to another and is easily accessed. And so the electronic medical records—when we finally get it and it's really actually interoperable—can be a huge asset for the deployment of these types of digital care tools.

TORRES: And Dr. Clark, how is SAMHSA facilitating the use of these electronic health records in behavioral health?

CLARK: Well, SAMHSA is working with the Office of the National Coordinator for Health Information Technology, working with provider organizations and state authorities to help facilitate the adoption of electronic health records. We're using our grant portfolio to incentivize providers in the community, we're working with the National Association of Drug

and Alcohol state directors so that they incentivize the providers in their community.

We're working with the mental health directors, so they do likewise.

So we think with our limited portfolio, we're doing quite a bit to stimulate interest in electronic health records as well as interest in health information technology writ large.

TORRES: And adoption. And when we come back, we'll continue to talk about privacy issues related to all of these new technologies. We'll be right back.

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TORRES: Jon, I'm going to come back to you on the issue of privacy. I know you represent the industry, but if you were a consumer, what would you be concerned about?

LINKOUS: I would make sure that the application that I'm using, that I'm accessing has followed the guidelines, the federal guidelines for privacy, HIPAA. And that

means encrypting the data, and that means taking some of the information that's there and making sure that others don't see it. You know, there's been a lot of discussion of privacy. It's what I call the lawyer full employment act because there's a lot of legal wrangling over it. But the reality is it's a problem that can be easily solved with a lot of the technologies we have in place.

It's a problem that's been solved many years ago for banking. I mean, we can use an ATM anywhere in the world without too much fear, I mean there could be some, but for the most part without fear that we can use this. And so the same thing can be done with all sorts of digital medicine using the encryption making sure that the data is kept safe, and the biggest issue often is not so much the transmission of the information it's the patient and where they're located, or the clinician and where they're located, and who might be walking by and looking at the monitor as they go by.

So interestingly enough, I think the digital transmission of the information is probably the least of the problems in terms of maintaining privacy.

TORRES: Dr. Clark.

CLARK: There are online services that deal with the issue of privacy and confidentiality. One of the things you want to know is you want to see up front the privacy and confidentiality policy of the particular app, the electronic health record, the clinic, the physician, the hospital. You want that information posted up front so that you can evaluate it from the beginning.

And once you get that information, if you have any concerns, there are privacy organizations that will work with you on interpreting the language because, of course, as we know from a lot of things that we get online, the small print and the verbiage can be inscrutable. But before you engage, you have that information, you sort through it, you talk to someone who is knowledgeable about it; you can even search online these days using search engines, whether there are any complaints about the particular application or particular entity that is soliciting your information so that you have a better sense of the security.

How they store the information is also equally important and who else has access, re-disclosure of the information. I can hold that information close to my heart until somebody else shows up with money, and then I'm throwing out that information, but the key issue is having that declaration by the vendor, by the application, by the provider so that you can assess up front before you start disclosing the information close to you that you view as privileged and personal.

TORRES: Very good. Lisa, let's go back to the application of the technologies. For example, if I wanted to engage someone in cognitive therapy, how would the new technology assist me in that fashion?

MARSH: There's flexibility with how this can be done. So you can have distance therapy kinds of models where you have clinicians interacting with individuals remotely delivering therapy. You can also have interactive self-directed tools that folks can go through on their own and that can have content focused on skills training, for example, problem solving skills, how do I make good decisions, how do I set and make progress towards personal goals? How can I

manage negative thinking that may be self-defeating, for example?

So focusing on negative cognitions but also focusing on initiating and maintaining new patterns of behavior that can help with some behavioral health problems.

TORRES: Very good. And Jeremiah, going back to you, can you describe exactly how Hazelden uses these new technologies to ferment peer-to-peer exchanges?

GARDNER: Sure. Well, we have a website called Hazelden Social Community that I manage day to day. And it's, again, available to the whole world. We have people from several countries. It's people from all different paths of recovery, family members whose spouse or child is struggling, and clinicians.

So it's kind of this wonderful mishmash of people who have an interest in recovery. And it works in a number of different ways. So you can get in, and you post something and chat that says, hey, I'm having a hard time, or you can post on a discussion board that says my daughter relapsed today, looking for advice. Or you can go to a live online meeting.

And so it's amazing to me. I was a skeptic. I'm trained as a counselor, and I was wondering is this really going to be helpful to people, is a community really formed? And my experience is that it definitely does. Community has always been a part of recovery.

And so the Internet and social media has really made the possibility of recovery communities infinitely more possible and accessible, and that's amazing.

TORRES: Very good. And when we come back, we'll continue to talk about some of these new technologies and how they impact mental and substance use disorders. We'll be right back.

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MS: For those with mental or substance use disorders, what does recovery look like? It's a supporting hand. A new beginning. Join the Voices for Recovery, speak up, reach out.

FS: For confidential information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

TORRES: Dr. Clark, let's talk a little bit about workforce issues. How can we promote the use of these technologies and what needs to happen within the field to adopt these technologies?

CLARK: Well, one of the most important things is getting clinicians in the community to recognize the utility of the new technologies as we approach the clinical care and our interactions with the consumers who present to us. So there's a group called TechnoTherapy, and what they've been doing is trying to educate community providers about the psychology of cyberspace, about how perceptions are changed and altered and about a number of the psychological dynamics associated with being online and how important it is for the workforce to understand those issues because when you're interacting with your client, with your patient, and you need to be asking about their online experiences because it does color

how they respond to various issues and various interventions.

So that, I think, is an important thing. We need to make sure that we're diffusing this information. And SAMHSA has a portfolio where we're trying to promote that, so people understand that a new environment requires a new way of looking at things so that we can enhance our effectiveness.

TORRES: And Jon, what is the best way of people to find out what is being used and how it's being used?

LINKOUS: Well, there is so much going on. Within the American Telemedicine Association, we have a major chapter dealing with mental health, telemental health issues. We have members who are providers from all over the world. We estimate a couple of years ago about 300,000 patients were getting some help online using mental health. Today, I'm sure that number is exponentially larger. And I think it's also important to point out that we talk a lot about direct to consumer mental health and that's the latest thing.

But mental health care using digital health or remote telemental health has been active for many, many years. In most of the prison systems around the country, they are very actively using telemental health activities.

And so many of the prison systems, particularly the state prison systems, and increasingly the federal prison system, are using telemedicine or networked applications that allow a prisoner to see a therapist or another physician remotely from their own facility.

Many, many hospitals are starting to outsource using telemedicine to specialists. So there's a lot of specialty services.

And, of course, as we said, consumer, direct to consumer services, we think that's going to be a major source of support in the future.

TORRES: Very good. And Jeremiah, speaking of the services at Hazelden, is there an opportunity for service providers to tailor these services to specific groups such as the military and the veterans?

GARDNER: Yeah, one of the realities we're facing in this country, obviously, is this growing number of people coming back from these wars that we've had for several years with mental health issues, like posttraumatic stress and often co-occurring substance use issues. And I'm proud to say that we can help them. We have on our peer support community a co-occurring conditions meeting that is actually chaired by somebody from the VA, a peer support specialist. I think that's a fantastic thing that we can provide for free to veterans anywhere.

Not just veterans, but people who are in the military now that log in, and that's really cool.

TORRES: And Lisa, where is the research going with all of these new technologies?

MARSH: So there's a lot of exciting research happening and a lot of learning that's coming out of that. So what we see generally is if you have tools that are developed well, and you add them onto traditional models of care, you often get better patient outcomes, better quality of care, and cost effectiveness.

What we also see is that some systems of care are trying out models where they're offloading some of their service delivery to technology-based tools. One benefit of that is an increase in service capacity. So with the same number of clinician resources, you can have a much larger base of individuals that you serve.

And then, I think finally a growing and exciting area of research is the integration of technology-based behavioral health tools into primary care. So that integrated model, I think, can bring value at many levels.

TORRES: All right. Well, let's go to our round robin of short answers, what do you see in the future and what are your last thoughts?

LINKOUS: I think the last 10 years social media and the Internet and technology has transformed every aspect of society and is continuing to do so. So to think it's not going to affect what we do in treatment and recovery services—it would be absurd to think that. So it's a matter of not waiting for it and going after

it. And so as a leader in the industry, that's what we're trying to do.

TORRES: Very good. Lisa?

MARSH: So as a research scientist, I've been so struck by the data that we repeatedly see that these tools can really bring value and at so many levels and so many different settings. And I think that there's a real opportunity in the future as this work evolves to really take advantage of what technology can do. And that is we have a lot of terrific tools that focus on various behavioral health issues, but a lot of siloed tools.

And we know there's so many behavioral health issues as well as physical health conditions that cluster together. And I think we can use technology to have an integrated suite of tools that are optimally responsive to whatever profile of needs and preferences people present with.

TORRES: Very good. Jon?

LINKOUS: Well, I think the biggest factor that's going to drive this in the future is consumers. Every study that we have ever done or that I've seen on remote digital health care has shown that consumers, the patients, love it. And so what's happening now is people are starting to demand it, saying why don't I have access to health care? So I think that's what's going to happen in the next couple of years.

TORRES: Very good. Dr. Clark?

CLARK: Workforce—making sure that as TechnoTherapy is trying to do, making sure that we have a workforce that is sophisticated in the use of health information technology and the impact of social media on individuals, their access to social media, and making sure that consumers make the proper choices in terms of how they participate both in a reactive mode as well as in a therapeutic mode.

TORRES: Very good. And I want to thank you for being here. It's been a wonderful show, and remind our audience that September is **National Recovery Month**. You can go to recoverymonth.gov to get information about how to develop events, connect with your

community and with your policy makers and leaders in your community to talk about recovery for behavioral health issues, both substance use disorders and mental health disorders at a very important time that we need to do that now. So I want to thank you for being here. It's been a great show.

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The Road to Recovery television and radio series educates the public about the benefits of treatment for substance use and mental health problems as well as recovery programs for individuals, families, and communities. Each program engages a panel of experts in a lively discussion of recovery issues and successful initiatives from across the country. To view or listen to the *Road to Recovery* television and radio series from this season or previous seasons, visit recoverymonth.gov and click on the Video, Radio, Web tab.

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