TECHNOLOGIES AND TREATMENT: FOR WHO, HOW, AND WHY?

A FEW EXAMPLES:

- **Tel-Jeunes**: Chat, 2011; text, 2013

- **Gambling: Help and referral** & **Drugs: Help and referral:** Chat, 2020

- **Association québécoise de prévention du suicide (AQPS)**: Chat and text, 2020

The use of information and communication technologies (ICT) as a means of reaching people seeking information or support remotely is a topic of great interest in the field of health.

In the context of the COVID-19 pandemic, the use of ICT became inevitable, requiring organizations and practitioners to be highly adaptive, leaving little time for reflection. This fact sheet is based on two keynote presentations and a workshop that took place in Montréal (Canada) at the 2021 Summer Interactive Symposium entitled Gam(bl)ing: Commodification of Leisure in the Digital Era. These sessions brought together researchers, clinicians, and decision-makers to explore issues related to online addiction treatment and the increasing relevance of ICT in prevention and treatment.

The purpose of this fact sheet is to summarize the views of two experts, Dr. Yasser Khazaal and Dr. Caroline Simonpietri, researchers and clinicians, on the advantages and challenges of using digitalized forms of intervention, particularly mobile applications and discussion forums*. Secondly, we will present a synthesis of the exchanges that took place that day between clinicians and researchers during a discussion workshop aiming to further explore the link between technologies and intervention.

OUR SPEAKERS

Yasser Khazaal

is a psychiatrist and psychotherapist. He is a professor at the University of Lausanne and chief physician of Addiction Medicine, Department of Psychiatry, Lausanne University Hospital (CHUV). He works on the development and evaluation of apps and other recreational approaches as ways to facilitate the dissemination of potential treatments and promote the processes of empowerment and recovery.

Caroline Simonpietri

has three specializations, namely Neuroscience (M2R), Health Management/Marketing (MBA), and Socio-Anthropology (PhD). Since the early 2000s, she has focused on the chronicity and digitalization of the health care system. She is an associate researcher at the *Centre Population et Développement* laboratory of the University of Paris-Descartes (Sorbonne-Paris-Cité), an instructor in cognitive sciences at the University of Bordeaux, and an independent consultant. She conducted a research study on a health discussion forum.

* The experts' full presentations are available in French via the following link:
  https://www.concordia.ca/research/lifestyle-addiction/events/symposium2021.html

Advantages and challenges of mobile apps and online mental health treatment

ADVANTAGES

- Available 24/7.
- Increases the possibility of reaching people who are online, when **few are seeking help for mental health problems**.
- Facilitates reaching out to the person by engaging in a process of change from the perspective of self-determination (empowerment).
- Demonstrates significantly higher completion rates (72% vs 26%) when a therapist accompanies the person (3) and when they are integrated into treatment (4).
- Has the potential to support behavioural change in specific contexts (e.g., risky places) or moments (e.g., **current** mood).
- Desirable effect in alleviating distress associated with anxiety and depression (5).
- Provides an interesting avenue for research to cross-reference the link between several factors (e.g., mood, activity, sleep) to better understand these interactions and refine clinical approaches.

CHALLENGES

- Low level of user involvement: the apps are frequently downloaded but used on an irregular basis;
- **The challenge of attracting, engaging, and retaining people on apps:**
  - health-related apps tend to only be used for a short time by most users and report low program completion rates (e.g., 16-18% for Beating the Blues and MoodGYM) (2);
  - these apps compete along with all the other apps and functions on smartphones.

Caution

The use of apps raises the **issue of data protection and privacy and must be accompanied by a more global reflection on the overload that the digital world represents and the dependance that can result from it**.

The example of Stop-cannabis.ch

People use the app when they have cravings, have relapsed, or when things are not going well. They are redirected to a "safe zone" for an online consultation. They can also seek community support through a discussion forum. *(6)

* For other examples of what guides the content of the app, see Khazaal, Y., Monney, G., Richter, F., & Achab, S. (2017). «Jeu-contrôle», rationnel d'une application de soutien aux limites de jeux. *Journal de Thérapie Comportementale et Cognitive, 27*(3), 129-137. https://doi.org/10.1016/j.jtcc.2017.05.003

The example of the Addict'AIDE discussion forum moderated by expert-patients

ADVANTAGES

- **Provides information** to those who are unsure about whether they have a gambling problem, who are looking for solutions, who have questions about withdrawal, and those who have relapsed and are looking for further assistance, especially when support from friends and family members is absent.

- Gives patients a space that preserves **anonymity**.

- Provides an **alternative** to therapy for those who want to get better on their own or with the help of peers.

- **Reaches people** when they need it, for example in a crisis or when they are waiting for services; the response time is within 24 hours.

- Provides long, **personalized answers** from trained individuals who have themselves experienced addiction and recovered.

- Fosters self-determination (**empowerment**).

LIMITATIONS

- Difficulty reaching certain groups, especially men.

- The level of involvement remains low: 1/3 of group members only write once and 50% write three or fewer messages.

- Distrust regarding the security of personal data.

> **DID YOU KNOW?**
> Users of the Stop-cannabis app have severity scores of moderate or higher for cannabis addiction. (8)

> **DID YOU KNOW?**
> In France, the role of expert-patients has been growing for several years. People learning to live with a chronic disease can seek support and discussion with their peers in a patient to expert-patient relationship. Legislation has supported this shift to allow patients to be involved in decisions that affect them and to move towards a multidisciplinary approach that focuses on patients rather than the disease.

> **Caution**
> **The use of discussion forums must not lead to withdrawal from the health care system. For the gambling industry, advocacy must continue and greater accountability and transparency on the part of operators must be achieved alongside more effective regulation.**

Online meetings, widely used during the pandemic, appear to have some interesting advantages.

ADVANTAGES

- **Promotes accessibility** for people whose commute, schedule or travel time does not allow them to be there in person.
- **Promotes involvement of family and friends**.
- **Fosters self-determination** when reflecting with the person on the advantages and disadvantages of this modality. This strategy can also be adapted along the way or be hybrid (online, telephone, and/or face-to-face meetings).
- **The Teams platform** provides other features such as document sharing and a calendar to track scheduled meetings.

In the case of group activities, online meetings allow for the creation of **homogeneous and large** enough groups of people seeking support for gambling addiction or problematic Internet use where there would not otherwise be enough participation to form a group. **However, group dynamics are enhanced in face-to-face settings**.

*N.B: Ensure that people can reach the group by phone in case of technical problems so that no one is left behind.

What are the challenges for support relationships in online meetings?

LIMITATIONS

- Questions about the **possible demobilizing effect** compared to the commitment generated by attending in person.
- For both practitioners and users, **long periods of time on screen produces tiredness and difficulty concentrating**.
- **Non-verbal communication is difficult to detect** and therefore breaks in the therapeutic relationship can happen and remain unnoticed.
- **The therapeutic framework needs to be defined** regarding email use and meeting setting (places that are conducive to a better concentration, quality of the presence).
- **Confidentiality and freedom of speech** can be of concern if the person is not alone. Headphones can be a useful mitigating strategy.

SOME ADVICE: the first meeting should be face-to-face if possible.

And the apps?
What do practitioners have to say?

ADVANTAGES

Many practitioners emphasized the potential of apps to enhance treatment. The goal might be to modify a behaviour, develop an alternative behaviour, or use reminders to foster commitment and motivation.

LIMITATIONS

Many practitioners were reluctant to recommend one app over another due to a lack of knowledge about the integrity of these tools. They fear the mismanagement of personal data and have concerns about individuals who might have problems using screens.

Issues

- **Major concerns are noted regarding privacy:**
  - With e-mails
  - With possible security flaws in the apps' software.

- **Technical difficulties** involving ICT are raised. Practitioners are not always able to help participants. A **need for training** is mentioned.

- **Accessibility is an issue** since not everyone has a reliable Internet connection and the necessary equipment.

- Equipment renewal should be included in the organization's budget when lending computer material.

- Funding for in-patient resources based on bed occupancy may hinder the development of remote services.

IN CONCLUSION

Remote service delivery using online or telephone meetings, along with email communication and mobile apps, proliferated during the COVID-19 pandemic. These developments allowed service providers to reach people in a safe way while minimizing the risk of coronavirus transmission. Practitioners and researchers continue to center their reflections on treatment technologies with reference to the objective of ensuring that services 1) are beneficial to those requesting them, and 2) do not exclude people from accessing them.

The idea of a personalised service, where people can state their preferences and be offered several complementary alternatives, is worthy of further exploration.

- Practitioners need training and networking opportunities to share their experiences.

- **Greater knowledge of the issues related to technology and confidentiality is needed so that practitioners themselves feel comfortable and can therefore help make their clients feel comfortable.**

Thanks to all the participants of the Technologies and Treatment: For Who, How, and Why? workshop at the 2021 Interactive Symposium, Gam(bl)ing: Commodification of Leisure in the Digital Era.

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