

**Episode 184 - Nancy Roget: Around the Next Curve: Using Technology in Addiction Social Work Practice**

[00:00:08] Welcome to inSocialWork the podcast series of the University of Buffalo School of Social Work at [www.insocialwork.org](http://www.insocialwork.org). We're glad you could join us today. The purpose of social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice research. We educate we connect. We care. We are in social work. Hello I'm Charles Syms your host for this episode of in social work. The literature on the use of tele-mental health is more than 50 years old. Yet its integration into clinical social work practice has been described as slow. However the changing age demographic of the workforce and of those people receiving clinical services will almost assuredly quicken the pace of technological integration. Increasingly those coming into the field and through agency doors have grown up with various forms of technology and are not only comfortable with its use. They will expect its presence as such. Social work will have to accelerate its movement towards determining ways to effectively and ethically utilize evolving technologies. Our guest is in the forefront of that effort. Nancy Roget has a master's degree and is a marriage and family therapist as well as a licensed alcohol and drug counselor. She is the current executive director of the Center for the application of substance abuse technologies at the University of Nevada Reno. Since 1993 the center has been providing training and technical assistance for substance abuse prevention treatment and recovery recently. It was awarded the national frontier and rural addiction technology transfer grant which focuses on telehealth technologies.

[00:02:10] Ms Roget's many accomplishments include the development of an online miner in addiction counseling and prevention services. She has also previously directed community based substance abuse treatment programs for adolescents and their family members and she has written training manuals and peer reviewed journal articles. Ms Roget has devoted her entire 36 year professional career to the Substance Abuse Treatment profession working as a counselor treatment coordinator. Executive director TRAINER LECTURER. Project manager and principal investigator in this podcast Ms Roget it talks about why she believes the adoption of technology in clinical social work has been slow. Using as examples applications being developed to address the treatment and recovery needs of substance involved individuals she illustrates how technology can be incorporated into clinical social work. Ms Roget it also explores the use of technology for clinical supervision. She offers her thoughts about important ethical considerations as well as providing practical suggestions about what needs to be considered by practicing professionals and agency leaders. The interview with Ms Roget which took place in December 2015 was conducted by Charles Syms a clinical associate professor in the School of Social Work University at Buffalo. This is Charles Syms and I'm with Nancy Roget of the IN FARATTC and we're having a conversation this afternoon on technology in social work and addictions. So I'm wondering if you could tell me a little bit about the mission generally of the ATTC's and more specifically about the mission and work of your organization. Sure I'd be happy to the addiction technology transfer centers are SAMSAH Funded entities and they are located in all 10 regions across the United States. And so they're aligned with the HHS region.

[00:04:24] So there's 10 regional addiction technology transfer centers across the United States and they're located at universities and private entities and they provide training and workforce development activities for the specialty addiction treatment staff as well as other allied health professionals including social workers. So the purpose of the ATTC's is to develop and strengthen the workforce that provides addiction treatment and recovery support services to those folks in need. So there's 10 regional centres and then there's also Charles for national focus areas and our ATTC is one of the four national focus areas. There's the National Hispanic Latino ATTC which is

located in Puerto Rico. Is the national screening brief intervention referral to treatment ATTC, which is located in Pittsburgh Pennsylvania. And then there's a National American Indian Alaskan Native ATTC which is located at the University of Iowa and where the National Front here in rural ATTC were located at the University of Nevada Reno. One of our key goals for as the national frontier and rural ATTC, is to serve as the national subject experts and key resource to promote awareness and implementation of telehealth technologies by addiction professionals and by social workers Marriage and Family Therapist school counselors. So sort of the whole behavioral health providers. OK. And can you say a little bit more about why should health providers be interested in telehealth technologies particularly when it comes when we start thinking about the treatment of addictions as well as recovery services. Sure. What's fascinating for us is that the literature really on telemental health services is really over 50 years old.

[00:06:28] And so we kind of think about it as a new phenomenon and actually think back in the late 1950s in Nebraska at a Mental Health Institute they were using closed circuit television to provide group counseling. So way back then and if you look at the amount of research that's available on using different types of technology to deliver mental health services it's really huge. And in fact a recent I'd say was done two years ago a group did a systematic review of all the literature all the research on using telehealth technologies to deliver mental health services. And there they found over eight hundred articles that had substantial research that researchers pretty strong. And basically they showed that customers liked using videoconferencing. I'll talk about that and then that and that there is really no difference between the treatment outcomes. When we look at the addiction treatment field there's very few published studies on the use of telehealth technologies to enhance substance abuse treatment services and especially along the lines of video conferencing. And I can talk a little bit more about that in a minute but I think when we start to look at why should we be interested in using technology to deliver services. I think we just have to look around and one people are using technology and two specially in the addiction treatment field. The majority of people with substance use disorders have not entered treatment and in fact it's like ninety five percent of the people with substance use disorders are not in treatment. And so we need to look at expanding access as well as enhancing our treatment centers. Are there telehealth technologies that are available for the more recovery oriented side of the equation. Yes. So let me answer that in a little differently and then I'll go back to.

[00:08:46] So there in the addiction treatment and recovery world there's five current studies about using videoconferencing to deliver treatment services. But where the majority of the research on providing addiction treatment services using technology is about using web based programs or mobile health and there's a ton of studies regarding that. I can talk about two of them in particular. Now to answer your question about recovery support technology our ATTC is doing a new workshop on Recovery Support Technologies. But what we're starting to see out there is some lurcher support for using different types of technologies to provide recovery support. And I can give you two great examples. One is a research group out of the University of Wisconsin Dave Gustavsson and his group has taken Android phones and have developed different programs on these Android phones and their program is called a chest and treatment providers could purchase this particular technology from them. But basically what they do is they give clients phones and they program in specifics about clients. So they have programmed into these phones why reasons why this person is in recovery like maybe pictures of their family members or their kids they program in their high risk areas and so. So when the GPS is on the phone and they get close to one of their high risk areas the phone will go off and say What do you do when do you need to call your sponsors got their sponsors name in their scouts support of people's names and phone numbers.

[00:10:51] And they've done some pretty extensive research and have found that the phones are very helpful either as part of treatment services or so an adjunct treatment services or they're used as the aftercare component for recovery support. The other thing that we're seeing is a group out of the

treatment center Hart view in North Dakota. And you can imagine that's pretty rural and remote area and they develop they took a social media platform. I believe they use. I think it's NT. And they developed a close social media site for their clients and the clients can log in and connect with each other. Go to online support group contact or counselor. You know email colleague or a fellow client at like 2:00 in the morning and say you know I need some help. And it really expands like access and support or they also have downloaded like stories to read about how other people have got through cravings and things like that. And Erin Wistanley is a knight a researcher and she's researching the clients that are involved in this closed social media platform is web based. The people that participate have better outcomes so are staying clean and sober longer after initial treatment. And that's just really two examples of how different technologies are being used for recovery support. And we know that Hazleton is using a program called My ongoing recovery and they got some initial good results with that. It was more of a web based program rather than a mobile phone based program or an app. I think it's now an app. So there are some really exciting things going on out there. It's very interesting hearing the difference between the two. No one seemed to be much more be a social media kind of platform.

[00:13:08] Another one seemed to be a more proprietorial but the bold look at the same kinds of things around providing treatment and supporting recovery. But there's another piece of the whole treatment continuum and that's this idea of supervision. I know that you all have been involved in that are looking at is there a way to bring supervision into the realm of technology. I'm wondering what may have prompted that for you all. Well in our role as a national frontier and rural agency we're you know looking at ways that we can help train the workforce and enhance the skills of the workforce especially those who are in rural and remote areas. We also know specifically in the addiction treatment field that we have an aging out of folks. So our workforce is getting older. We're worried about providing training and supervision to a new workforce and who's going to set and so we started looking at the literature regarding technology based clinical supervision and we found you know the literature on technology based clinical supervision is somewhat limited although everybody thinks it's a great idea and it's the best way to train the next generation of counselors and social workers and psychologists. The issue is is that when we start looking at technology based chemicals supervision we found some studies but they are mostly graduate school based and so they weren't out in the field as much. We're starting to see more literature come out about the effectiveness of technology based clinical supervision and we put together a training on technology based clinical supervision.

[00:15:02] And the point of it is really not to teach people clinical supervision like they should already know that but how to be more comfortable with technology how to deal with some issues regarding technology and what's the best and safest way regarding privacy and security issues to alert technology based critical supervision. And we always have people who go well it's not as good but as face to face. But there's a great quote that I want to read you that for a moment that technology based clinical supervision researcher he's up in Alaska. And let me read you this quote I you think it's great. He said the traditional methods of supervision are in wide use because they were the only methods available not because researchers determined them to be the most effective. Making the assumption that the old methods are the best they do the field a disservice by blinding us to new opportunities and alienating a younger generation of supervisory who identify with technology being integrated into every part of their lives. Wow that's profound particularly when you think about that when we think that there's been this growth in telehealth and growing tele-behavioral health it would seem natural that you would see this kind of movement towards supervision combined with you know I talk to people who were in rural communities who who are looking to enhance their counseling styles or get counseling or intervention techniques but don't have people around them who can do that. So we've had this growth of technology and education. So the natural progression is OK so we move past the you know people get the training. So how do we assume or how do we help them get better or to more fully develop their skills. Obviously

through supervision so this seems to be a natural part of that progression.

[00:17:10] Well I think you make a great point. I think our colleges and our universities certainly have expanded their openness towards online learning and because certainly a 10 15 years ago people are going oh no it's not as good can't be done can't be this can't do that. And now we see online and the study programs we see online counseling programs we see many undergraduate and certainly graduate courses that are taught in person also have an on line component and so we see hybrid classes classes or courses all over the place. And so I think your point is great. Now how do we move that into looking at clinical supervision and have the same kind of acceptance going on that we're seeing an ongoing teaching and instruction. Yeah and I've got a number of eyeline courses so I've kind of had an opportunity to think through this idea of now how do you provide data and you know is On-Line different or substantially or less than which is always people were always saying less than well is it. Are there things that the online environment may provide that you can't do in an inner city course addiction. People in our field particularly the addiction field has treatment field has somewhat lagged behind in their use of technology in their work. I'm wondering if in your travels have you discovered the same thing and have you develop any thoughts about why that might be. You know I have found that when we first started doing some of our trainings at addiction conferences we'd have like two people show up. It's kind of like holding workshops on the topic of let's say HIV AIDS or LGBTQ.

[00:19:10] And the only people that show up people who are interested in that topic and not people who need to have more information about it. And so one of the ways that we found to get people more interested in it is to start talking about the new ethical dilemmas that people in the field are starting to face because of technology and social media. And so we're starting to get more interest with folks from that perspective and it doesn't seem as worrisome or challenging as much. The other thing that we're seeing is because we have a lot of people in the addiction treatment field who are might say well over the age of 50 probably closer to 60 and above kind of fall in this category of a digital immigrant. And that was a term that was actually cooling by a guy named Krinsky way back in 2001. But it really talks about there's a difference between digital immigrants and digital natives and digital immigrants. According to his definition there's many different definitions that he bases it on age is that people who were born before 1964 and then people were born after that were born had access to computers and cell phones were the rest of us. Because I'm one of those digital immigrants you know were born in the pre computers age. I mean I was excited to have IBM electric typewriter at my treatment program. I don't know if you remember those days or were exciting when we got our first copy machine very well. Yes. And so I think that's part of the problem is that this whole thing a digital immigrants and not being comfortable with technology may be some of the source of the resistance.

[00:21:06] But you know once we start to frame things for folks you know like just because we're not comfortable with it doesn't mean that we don't need to understand what role it plays in our clients lives or a patient's life. There's a great quote by Myers that I want to read you says since patients are likely to use social network sites or technology it may be helpful to practitioners to understand the phenomenon of social network sites and technology even if they don't participate themselves. So what role does it play for our clients. Why is it important. And we certainly wouldn't use the excuse of well you know my patient is into this particular activity and I don't agree with it. And so I'm not going to understand it. And I think as counselors and social workers we've got to understand what's important to our patients even if we don't participate. So I think that's part of the issue. And I think as we push people a little bit to look at where they get stuck and why it's important to patients I think we'll see them start to move a little bit differently. OK. I sometimes wonder also kind of following that if the payers also have a role here to be in but much more understanding the need to upgrade and update how we meet with them and connect with their clients and traditional ways. Given that many of our clients are young are no longer appropriate. We

have to have this skill and the technology hardware for a second term.

[00:22:50] Yes I agree with you I think part of the issue that we see is that we see either people being very resistant towards using any kind of technology or we see people who jump in there and go to the other extreme and start using technology without thinking about the privacy security issues or about how it may put them at risk. I think we're starting to see many of the national associations are starting to write guidelines or regulations regarding providing some guidance. And I don't know if you've seen this yet but you probably have. NASW just put out a test for their professionals regarding social media and clients. I don't know if you've seen those. No I've not seen it yet but I will shortly. I can guarantee you there's another piece here and that is you know we talked a lot about the idea and the process and thinking about why this is important in some areas that we might want to think about why that's important. I wonder if you could spend a few minutes just talking about what are some of the technologies that might be utilised and offer some ideas about some of your concerns as well as the benefits there of so the research is just starting to come out and starting to demonstrate some technologies that providers can purchase. And this isn't the addiction treatment arena. So Lisa Marsh and her folks from Dartmouth College have developed and have run through clinical trials. A web they now web based U.S. computer based but a web based intervention treatment program called Kess therapeutic education systems. They have tested PES that's hard to say in various settings. So they've tested it in prisons. So it's we place some treatment. So it's in lieu of I don't know how many sessions.

[00:25:02] So they've tested it in prisons. They've tested it in methadone maintenance program and they've tested it in other kinds of addiction treatment settings and they have found it to be very effective. So for example and test is has 65 different modules that a client or a patient can run through on their own. And so the program would have like a computer that would have Web access to test. And so instead of sitting in group let's say they're in intensive outpatient set of sitting in group they would do work on this Web based program called tests and they're 65 different modules they go through things like drug refusers skills and all of that different types of educational things and then they test the person's knowledge before they can go on to the next module. And what's interesting to me is I don't know about you Charles but when you're doing drug treatment counseling a lot of times you'll spend time with your client going over. Well let's practice you know who's going to be hard to tell him. No you don't want to go out and get a beer. No you're not drinking anymore. And so you spend time with a client going through that and if you talk to a lot of addiction counselors are like oh my god if I have to go over that one more time. So some of that time can be charged to the computer. It can free at the counselors. Time to take care of people who are in crisis. And so a test is showing some very good outcomes.

[00:26:45] It's actually also been used in some clinical trials with Native Americans with women and so showing some efficacy there and kept people purchasing. Yes. Is it really commercialized at this point. No. Harder to do. But it is available. And by the way I get no kickback from Lisa Marsh and her group just so you know the other program that we're seeing that's getting a lot of use and has good efficacy is Kathy Carole's group at Yale and that's CBT for CBT and this is a six module web based program that once again treatment providers can buy and they can have their clients run through and do the six modules. And there's a good result coming from those trials as well. And people can purchase that as well through Cathy Carroll's group and once again I get no money from them or anything like that. And I mention those two programs because they have the most literature support and then the third one is a chest that I've already talked about. So those three seem to have the most literature support available. We also see that there's different apps that are being studied right now. And certainly there's a researcher out of UCLA who has developed an app for teenager adolescents who are in drug and alcohol treatment and they use this app to get support. The app sends them a text message like two or three times a day like how are you doing. And they're not doing so well then somebody will call them. And she's finding some really interesting result. So

we're just going to see this just explode over the next couple of years.

[00:28:43] The problem is going to be and you brought it up already is how to program this and how did they get reimbursed for it and H.F. Sinos going through all the approvals right now to be considered and be approved as a medical device and then once it's approved as a medical device then patients and programs can purchase it and then be reimbursed for most providers that we're seeing right now though are adding the different like apps and something like Casse or CBT for CBT and they're doing it as a value added meaning that it's part of their treatment service delivery or their recovery support services and they build the cost of these new technologies into the services provided. See again following kind of my thinking my natural progression kind of thinking. So as we move into total supervision are there platforms that are more appropriate are there. How do we think about those kind of platforms. You brought up earlier the idea of ethics and you began touching on that. So I'm wondering are there. If I were on an agency program director and I was starting to think about so little supervision in addiction intervention or addiction treatment how I do that what things might I need to start thinking about well because were federally funded we have to be really careful about we call it that we're vendor neutral. So we have to be really careful about recommending defenders but we always warn people that equipment is not HIPPA compliant people have really gotten themselves sort of stuck and we have to. And so we've really kind of changed our language around that. We know Quitman has never HIPPA Compline.

[00:30:43] It's what the agency does to make sure that they're acting within all the HIPPA compliance regulations and you know by doing a self-assessment and by having justifications of why they've chosen certain equipment and certain platforms you know one of the biggest thing is when you're looking at a platform you need to ask the vendor if they're willing to enter into a business agreement with you. And if they're not willing to enter into a business agreement then that can help guide your decision. The things that we're recommending for clinical supervision is. One is that there's the old fashioned telephone telephone has lots of privacy security as long as you're not having the conversation during clinical supervision like at Starbucks or something like that. We are also looking at people using poly CALM's sort of like a bigger phone weaker type of thing yo thing is that we're really cautioning folks to do two types of clinical supervision are suggesting that they do two types. One is to do live supervision using a videoconferencing platform that they've selected and then during live supervision so that the client and the counselor are doing a session with a clinical supervisor observing the session and many of the video conferencing platforms also include like a chat function so that the clinical supervisor could chat the counsellor at the session you know to go in a different direction or to say Hey you missed this watch out for this. And most of the video conferencing platforms that executive directors or administrators want to look at. You don't want anything recorded. That's the biggest no recording. The second thing if you're not doing live supervision is learn to do like a group supervision using a platform.

[00:32:57] Once again that doesn't do any recording and you know an example would be zoom. We know a lot of people are using them once again no kickback for me. There's lots of other options out there but you want to make sure that there's no back door or there's no recording going on so nothing is safe. And that that helps to meet the HIPPA security and privacy issues. The main thing you want to avoid which I thought would be like oh this would be that escalated. But it's really not. And that's when you recording sessions. Let's say I'm a counselor. I record a session with my client. I have my client's permission to do that I recorded it I uploaded to my computer. It then goes to it's held on my computer and then the server or wherever I have my e-mail account I e-mail it to my supervisor said that there's an attachment are uploaded and then my supervisor downloads it to their computer so now it's on their server and their computer and this recording now is in minimally four different places. And then that's where you have more opportunity for a breach. So we're not recommending any kind of recording of a session and then uploading it and sending it off to a supervisor to look at. So group supervillian lives or clinical supervision life where there's no

recording. Those are our two recommendations right now.

[00:34:39] And as the technology improves we're going to be able to see you know you know right now it's just a little expensive for some providers if they had a portal that was built for them that they could sign into and then upload the video that way for their supervisor to see to their supervisor's log in and look at it that might be safe too. But that gets a little more expensive. And it's still on your computer and if your computer like to use a laptop it gets stolen then you have a breach. Yeah I understand that concern. I think we need to start winding down. You know we've kind of bounced around because what I'm finding and I think the listening audience is also finding is this is our very large topic that we haven't talked a lot about. So are there any closing thoughts that you would like to make. And my final thing to you is perhaps you and I need to talk again on this topic because it is so broad and it is changing the face I think of how work is going to be done in the future. And I think we just haven't paid enough attention to it right. No I agree with you and I think you know the most important piece is that we have to look at technology and how it works for us. We look at it as enhancing current services and expanding access because not everybody that is in treatment needs to be in treatment. So how can we use technology whether we're in rural areas or were in urban areas where people have to take three buses to get to their treatment program. You know we still have the issue of people being able to access services. So how can we do that. And I found a great quote by Steve Jobs and I think it really sets up what we're talking about like the reality that says technology is nothing.

[00:36:45] What's important is that you have faith in people that are basically good and smart and if you give them tools they'll do wonderful things with them. And I think that's a great place to end conversation for today. Thank you for your time. And this has been as I said this has been illuminating to the point where is making me think that we need to be doing more and this to help the field move in the direction that the rest of the world may be moving or dragging. Thank you. Absolutely. Thanks for the opportunity Charles. Really appreciate it. You have been listening to a discussion with Nancy Roget exploring avenues for integrating technology into clinical social work settings. Please join us again to explore other topics relevant to the social work profession and in social work. Hi I'm Nancy Smyth professor and dean of the University of Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school our history or online and on ground degree and continuing education programs we invite you to visit our website at [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu). And while you're there check out our technology and social work resource center you'll find it under the Community Resources menu.