



Privacy & Security & Ethics

Week 2

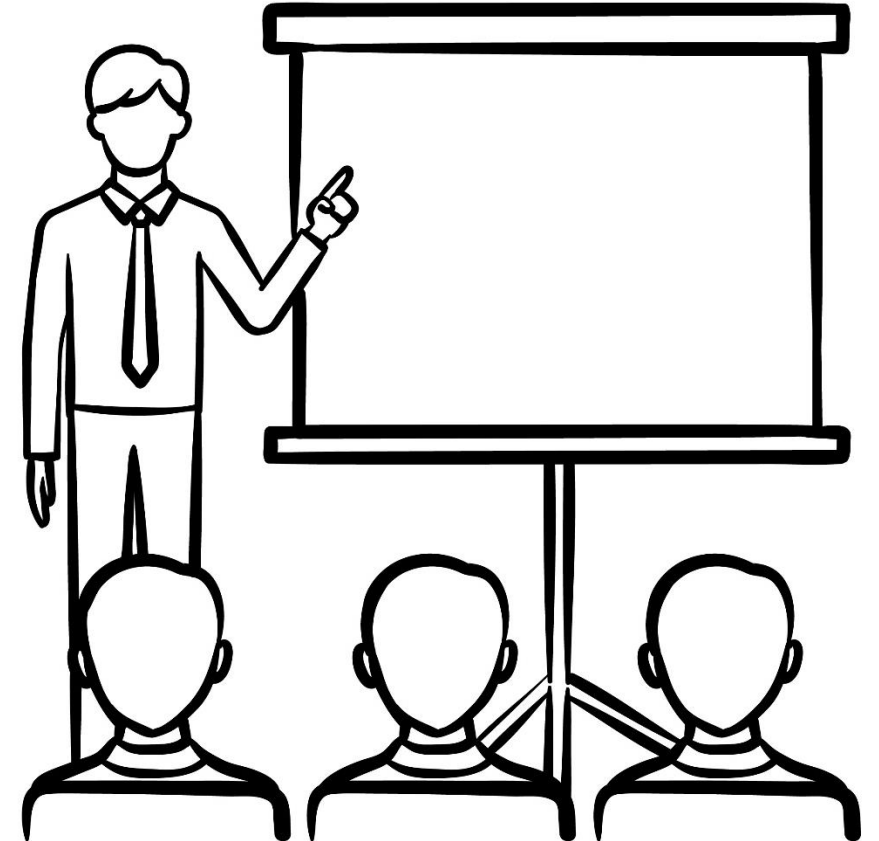
QUOTE of the WEEK

It is not necessary for Practitioners/PRSs to have all the answers about any particular app, but instead simply to recognize that if information about an app is unclear or missing, then that is a factor itself to consider in determining a recommendation...

Torous et al., 2017

Week 2 Outline

- Introduction to Topic and Learning Objectives
- Literature Review on DHTs-Privacy/Security/Ethical Issues
 - Social Networking Sites
 - Websites
- Apps
 - Regulations
 - HIPAA
 - FDA
 - FTC
 - Passive Monitoring
- Informed Consent/Ethical Duties
- App Evaluation Models
- Patient/PRSs Rights



Learning Objectives


Name two privacy/security issues related to digital health technologies and two ethical issues to be aware of related to recommending digital health technologies

**Some practitioners/PRSs
jump in and promote the
use of DHTs...**



Without:

- Assessing patient/Peer knowledge, experience, and skills with DHTs
- Considering how DHTs could enhance the treatment/recovery support plan
- Determining how DHTs might impact the therapeutic/peer relationship
- Gauging their ability to explain the risks and benefits associated with DHTs to patients/peers
- Understanding privacy, security, and liability issues that might be generated through use of DHTs by patients/peers



It's not just prescribing Apps or recommending patients/peers join Online Support Groups or SNSs; subscribe to podcasts; or...

3 Issues to Consider...

Issue 1

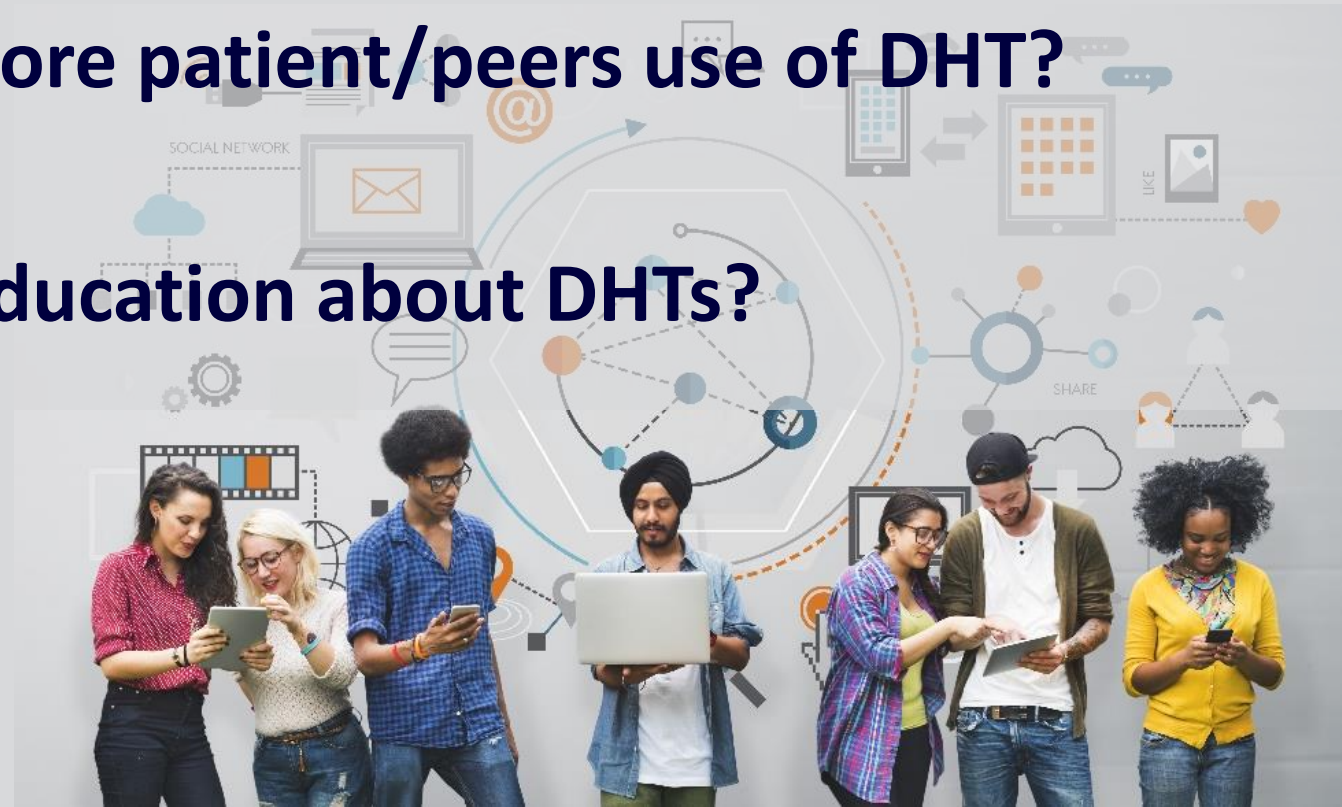
Should practitioners/PRs recommend digital technology when patients seem to lack technical skills and understanding of DHTs?

Issue 2

Should practitioners/PRs ignore patient/peers use of DHT?

Issue 3

Do practitioners/PRs need education about DHTs?



The use of unvalidated apps, poor quality online information, self-diagnosis and self-treatment, and unique problems with passive monitoring pose major medical/health concerns.



Inaccurate Information
Self-Diagnosis
Privacy Risks
Activities Being Tracked

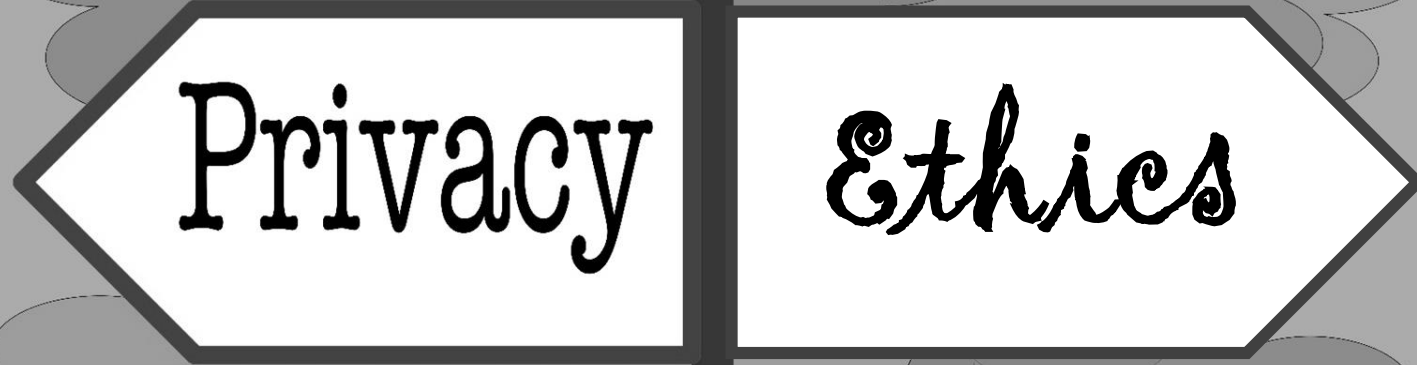
Feeling Alone with Condition
Inaccurate Information
Self-Diagnosis
Fear of Getting Support
Fear of Getting Treated



Using DHTs

Not Using DHTs

Weigh It Out

A black signpost stands against a background of stylized, grey, cloud-like shapes. It has three directional signs. The top sign is split into two white arrow-shaped sections pointing left and right. The left section contains the word "Privacy" in a black serif font, and the right section contains the word "Ethics" in a black cursive font. Below these is a single dark grey arrow-shaped sign pointing right, containing the word "Security" in a black serif font.

Privacy Ethics

Security

Issues

Social Networking Sites – Facebook – Privacy/Security

- **A Closed group's name, description, and member list are not at all "closed," but are publicly visible. Closed groups may even show up in a search publicly. Overall, they are just as open as Public groups, except for three main differences:**
 - 1) new members must ask to join or be invited by a member, rather than just adding themselves**
 - 2) only current members can see the content of group posts; and**
 - 3) only current members can see the group in their News Feed.**

Social Networking Sites – Facebook

- **Secret groups are the most private of the three types. No aspect of a Secret group is publicly visible, new members must be added or invited by current members to join, and only members can see the content of group posts. However, former members who have voluntarily left the group can still find the group in search and see its name, description, tags, and location.**
- **If you want to change your group type after reading this, the option is available in your group’s settings under “Privacy.”**



RECOMMEND

**Secret Facebook Pages
Provide the Most Privacy**



Website Privacy

- Web privacy policies may serve more as liability disclaimers than as assurances of consumer privacy
- Some patients/peers think the existence of a privacy policy means that their information will be kept private and unshared
- Other patients/peers may think the existence of a privacy policy means the website is unsafe and shouldn't be used
- On social media websites the privacy policies apply only to the registration data that the site collects not the posted content

Evaluation of Websites

- Who runs/owns the website?
- What is the purpose of the website?
- Who is responsible for the information?
- How is the information documented?
- What are the credentials of the contributions or reviewers?
- Is the information current?
- What is the website's linking policy?
- What is the website's privacy policy?
- Is contact information readily available?
- Who monitors the chat room (if available)?

Do treatment centers sponsor the site???

When reviewing the Privacy/Security/Ethics literature ...

Most focused on Apps



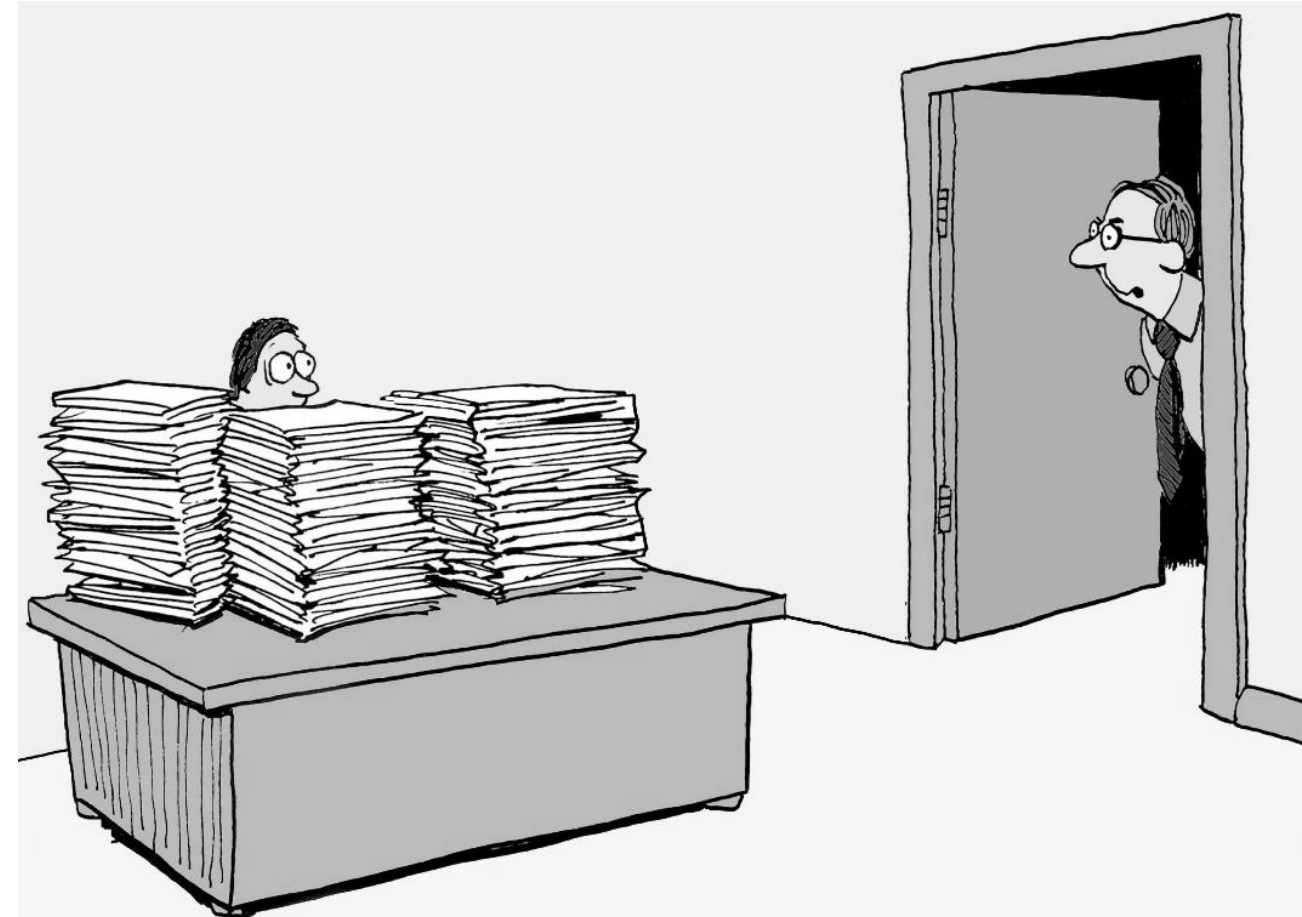
In the United States, only certain classes of information are protected under federal law – financial transactions, health care transactions, and information regarding children under the age of 13 – while nearly all other data is considered to be fair game for any business or government agency that chooses to collect, store, and use the information.



“There are few centralized gatekeepers between app developers and end-users, no systematic surveillance of harms, and little power for enforcement”

Regulations

- **Department of Health and Human Services**
 - **HIPAA**
- **Department of Health and Human Services**
 - **Food and Drug Administration (FDA)**
- **Department of Commerce**
 - **Federal Trade Commission**



“Looks like you’re on top of the new regulations.”

Privacy HIPAA

- **The invocation of HIPAA and Apps is all about context**
- **Does HIPAA apply when a smartphone app that collects information on a patient's mood symptoms appears to be collecting personal health information**
- **If a patient uses the app independently of a clinician's advice and does not transmit any of the data collected by the app, it is likely that the app falls completely outside of the HIPAA realm**
- **If a hospital contracts with this app's developers to provide it to the hospital's patients and then filters collected data to the hospital, then the developers are most likely acting as business associates of the hospital and its clinicians, which would in turn bring HIPAA protections to bear.**

Privacy/HIPAA

- **The key to understanding whether HIPAA comes into play is understanding:**
 - **who is collecting the data**
 - **why the data are being collected**
 - **who will use the data**
- **Misassumptions about when HIPAA applies have led to significant privacy concerns**

Safety - Federal and Drug Administration (FDA)

- The FDA has also declined to regulate the large portion of healthcare-related apps that fall into a general wellness category.
- Such apps promote a healthy lifestyle but do not make reference to any specific disease, diagnosis, or treatment.
- Examples given by the FDA include apps that provide information to users about gluten-free food, guide them about questions to ask their physician during visits, or help them to identify a pill based on its physical characteristics.
- Although the FDA maintains the right to exercise regulatory enforcement discretion concerning such apps—and has already done so with some that relate to psychiatry the vast majority of apps are not FDA-regulated at this point in time.
- **SAMD - Software as Medical Device**

The only SUD App Approved as a Medical Device based upon Therapeutic Education Systems - TES



ABOUT US

PRODUCTS

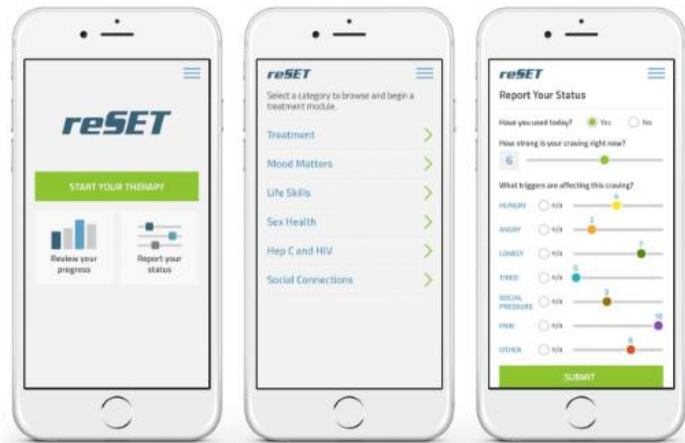
PRESS

CAREERS

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reSET™ for Substance Use Disorder

Pear Therapeutics has developed reSET®, a prescription digital therapeutic to be used in conjunction with standard outpatient treatment for substance use disorder (SUD)



Patient-Facing Smartphone Application



Clinician-Facing Web Interface

<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm576087.htm>

reSET™ as a Prescription Digital Therapeutic for Treating Substance Use Disorder

<https://peartherapeutics.com/reset/>

Safety - Federal Trade Commission

- **FTC has begun policing marketing claims made by Apps**
- **Examples of apps that have faced FTC action for making claims lacking evidentiary support include**
 - (i) acne applications which purported to treat acne by shining a light from a smartphone on the user's face [13]**
 - (ii) an application which claimed to calculate a mole's risk of melanoma; [14]**
 - (iii) a \$2 million settlement against a brain training app (Lumosity) which purported to reduce or delay cognitive impairments associated with age or health conditions [15]**

Privacy & Security

- The private sector has also made limited forays into systematically certifying potential privacy and security vulnerabilities in medical apps.
- The startup **Happtique** reviewed the operability, privacy, security, and content of apps and received some early attention but ultimately shut down after discovering that two apps it certified had handled data insecurely
- Security features such as passphrases and encryption are necessary, but not sufficient, for privacy.
- Security alone does not guarantee privacy, as an app can have the world's best security features but also sell patient information to data brokers and marketers.



Privacy Policies by App Developers

- Relying on the privacy policies of the app developers themselves is fraught with danger...
- A recent study noted that of the 600 most common apps:
 - (1) only 31% had privacy policies
 - (2) reading level of such policies was typically at a college level
 - (3) 66 % of these privacy policies consisted of legal boilerplate that did not even mention the specific app in question

Fitbit Privacy Policies

PERSONALIZE SERVICES

We use the information we collect to personalize the Services, make inferences, and show you more relevant content. Here are some examples:

- Information like your height, weight, gender, and age allows us to personalize your daily exercise and activity statistics like the number of calories you burned and the distance you traveled.
- Based on your sleep data, we may make inferences about your sleeping patterns and provide you with customised insights to help you improve your sleep.
- We may personalize exercise and activity goals for you based on the goals you previously set and your historical exercise or activity data.

COMMUNICATE WITH YOU

We use your information to send you Service notifications and inform you of new features or products we think you would be interested in. You can control marketing communications and most Service notifications by using your [notification preferences](#) in [account settings](#) or via the 'Unsubscribe' link in an email. We also use your information to respond to you when you contact us.

PROMOTE SAFETY AND SECURITY

We use the information we collect to promote the safety and security of the Services, our users, and other parties. For example, we may use the information to authenticate users, facilitate secure payments, protect against fraud and abuse, respond to a legal request or claim, conduct audits, and enforce our terms and policies.

We use cookies and similar technologies to provide, support, and improve our Services as described above. For more information, please read our [Cookie Use](#) statement.

Study of Diabetes Apps

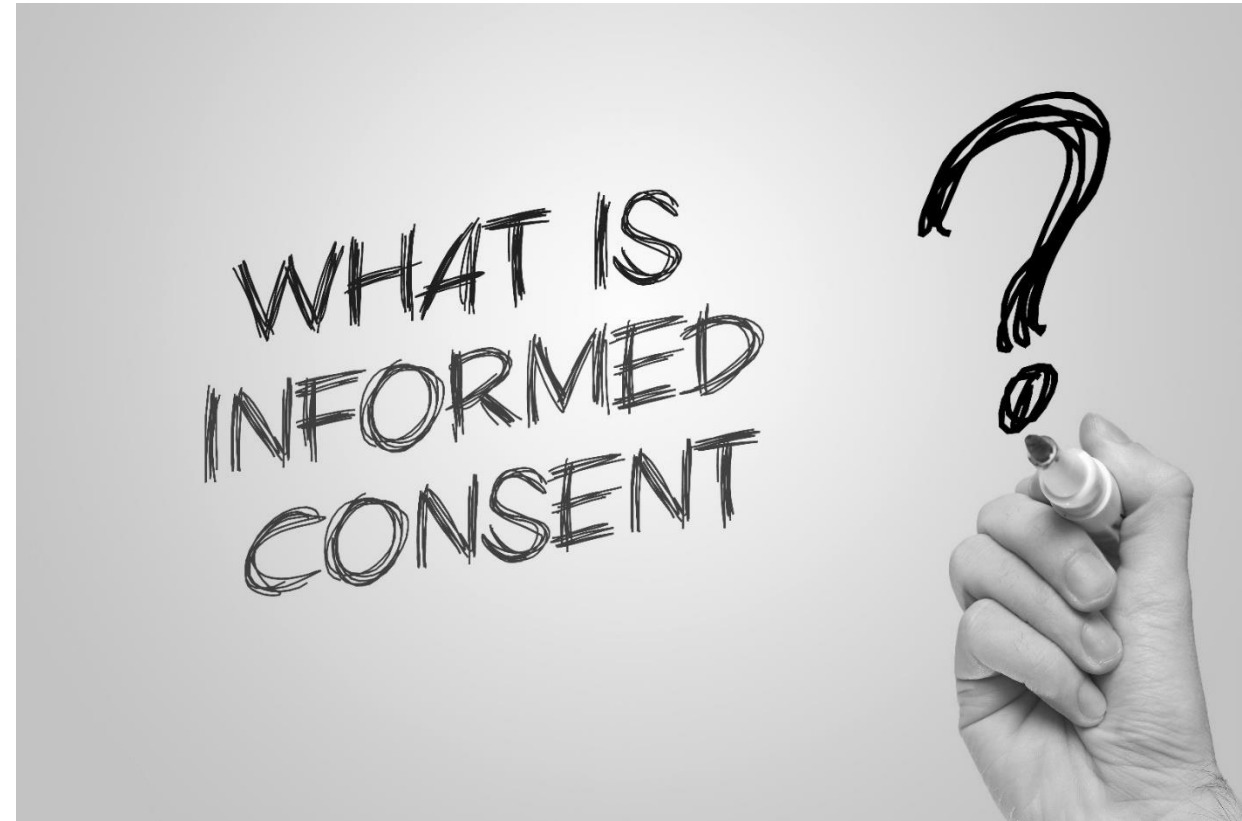
- **Most of the 211 apps (81%) did not have privacy policies**
- **Of the 41 apps (19%) with privacy policies, not all of the provisions actually protected privacy (e.g., 80.5% collected user data and 48.8% shared data)**
- **Only 4 policies said they would ask users for permission to share data.**

Table 1. Privacy Policy Provisions for the 41 Apps With Privacy Policies (19% of the 211 Apps)^a

Type of Privacy Policy Provision	Apps, No. (%)
Personal Information	
Shared if required by law	25 (61.0)
Collected when the app is used	21 (51.2)
Collected when a user registers through an online account	21 (51.2)
Stored in the developer's system	18 (43.9)
Only disclosed with the user's consent	12 (29.3)
Shared to improve service	11 (26.8)
Shared with business partners	10 (24.4)
Not sold	9 (22.0)
No personal information from children collected	6 (14.6)

Informed Consent

- Clinicians who recommend an app to a patient should understand and discuss not only the nature of the app but also who would own the data and how it could be used
- Patients may already grasp that in many instances, HIPAA will not apply, but informed consent should be obtained and documented



Informed Consent

- **Given the number of mobile health apps available, some patients will present with apps untested for specific clinical efficacy or safety and unknown to the practitioner/PRS**
- **If a practitioner/PRS recommends an app that does not have firm empirical backing, and an adverse outcome occurs it may be argued that the applicable standard of care was not met**

So, what should I do???



Failure to Act

Clinicians should consider:

- **any available evidence for the efficacy of the app, in addition to the potential for damage in a particular case should the app malfunction**
- **whether they feel comfortable (and truly capable of) educating the patient in the use of the app in the same way that they would do so regarding the use of other medical devices or courses of treatment**

Passive Data or Passive Tracking

- **Passive data are those collected by means that do not require any user engagement or activity.**
- **For example:**
 - **smartphone may automatically collect location data via GPS**
 - **sensors or social data via call and text logs**
 - **A fitness tracker could automatically collect step data as well as heart rate information or even data about the quality of a user's sleep**
- **In some ways, the gathering of passive data is an attractive option, since such activity amounts to a decreased burden on users, with results that are more objective in nature than self-report data.**

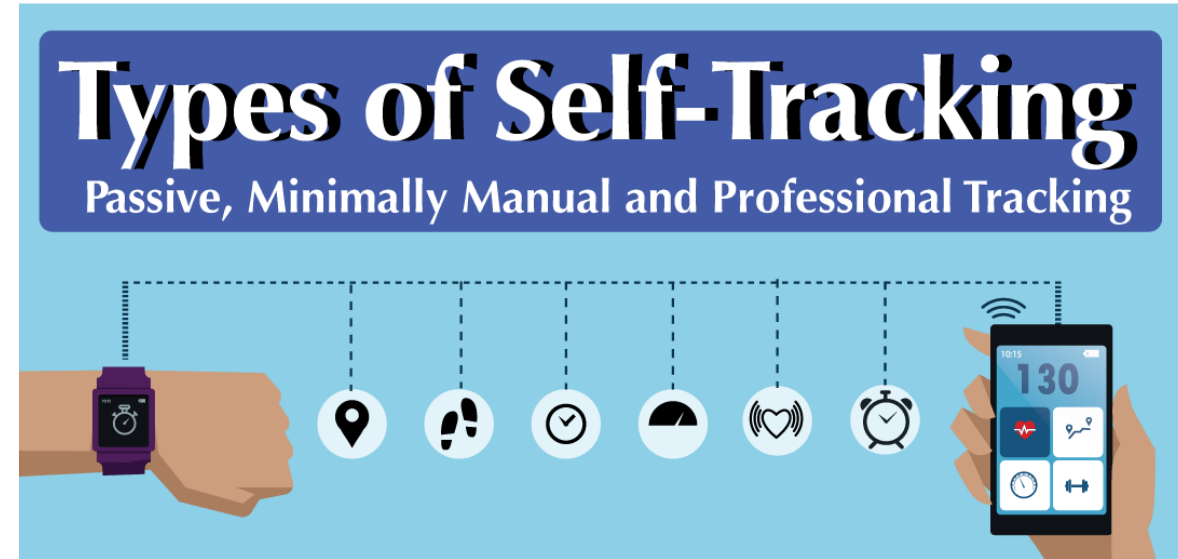


Table 1 Examples of data that may potentially be collected outside of HIPAA protection for a patient with depression

Patient activity	Data	Source of data
Schedule appointment with psychiatrist using cell phone	Cell phone call to a psychiatrist or mental health facility	Telephone metadata [38]
Look up driving directions to psychiatrist/mental health facility	Driving directions from home to psychiatrist	Map web site content provider
Co-pay for visit to psychiatrist using credit card	Payment for visit to psychiatrist or mental health facility	Credit card records
Purchase prescribed medication using pharmacy loyalty card.	Purchase of psychotropic medications	Pharmacy loyalty programs that waive HIPAA rights [39]; credit card records.
Online search about depression and psychotropic drugs	Search terms	General search engine
Enrolls on pharmaceutical web site for drug discount coupon	Specific medication use	Pharmaceutical company
Reads web pages on depression	Web page activity	Medical web page content provider
Purchases book on depression	Book purchase	Online retailer
E-mail family with symptoms	Patient entered content	Email provider
Reads depression chat room	Web page activity	Medical chat room provider
Purchase OTC drugs such as St John's Wort	Drug purchase	Credit card records
Selects Facebook Like button on web page about depression	Web site visited	Social media and third party sites [40]
Uses medication reminder mobile app	Daily medications taken	Mobile app vendor

Privacy - Passive Data or Passive Tracking

- **We should not presume that information collected by a passive data app or device will automatically be subject to HIPAA.**
- **The data would likely fall under HIPAA only after they are transmitted to a clinician and then only those data that are under the clinician's control.**
- **The data could be subject to HIPAA if the clinician and the app or device developer have arranged for passive data collection either for or on behalf of the clinician.**
- **Given that a reasonable patient would likely want to know the privacy implications of app use outside of the usual patient-clinician confidentiality structure**

A practitioner/PRS who recommends an app but fails to apprise patients/peers of known privacy implications might plausibly be held liable based on failure to obtain proper informed consent.

Passive Tracking – Confidentiality

- **Given established limits to confidentiality, practitioners/PRSs should make reasonable efforts to anticipate whether information gleaned from the use of an app might require disclosure.**
- **The clinician should be transparent about what data are being collected and how these data are being used.**
- **Importantly, clinicians should remember that any information they learn about through the data collected by an app must be held in confidence by the clinician unless it meets an established exception to confidentiality**

Passive Tracking – Confidentiality

For example...

- an app that uses GPS data to promote increased exercise by depressed patients could also detect evidence that the patient was present where and when a violent crime is alleged to have occurred
- An app that uses voice data for mood monitoring may inadvertently record the patient's assault upon a young child

A passive data app could reveal more than intended causing practitioners/PRSs to anticipate and navigate all the more cautiously their professional and legal responsibilities—especially, of course, when such instances could involve **mandated reporting**

App Evaluation Modules/Systems

- **ASPECTS** – Actionable, Secure, Professional, Evidence-based, Customizable, and TranSPARENT
- **MARS**- Mobile App Rating Scale
- **UMARS**- End Users
- **IMART** Interactive Mobile App

Review Toolkit

- **PsyberGuide**
- **Enlight**
- **APA App Evaluation Model**



Table 1
Features of App Rating Platforms and Guidelines

Name	Scope	Features	Status	# of Rated Products
PsyberGuide	App rating platform	<ul style="list-style-type: none"> Evidence base (PsyberGuide) User Experience (MARS) Expert Reviews Transparency of Data 	Active	115
MindTools	App rating platform	Rates apps on Enlight	Active	78
ORCHA	App rating platform	<ul style="list-style-type: none"> Data security Clinical Validity User Experience 	Active	173
mHAD	App rating platform	<ul style="list-style-type: none"> Engagement Functionality Aesthetics Information Subjective Quality App-specific quality Psychotherapeutic Quality 	Not yet launched (Rathner, 2017)	
Beacon	App rating platform	<ul style="list-style-type: none"> Expert ratings User comments & reviews Evidence base 	Suspended	
Happtique	App rating platform	<ul style="list-style-type: none"> Privacy Security Content Operability 	Suspended	
The Toolbox	App rating platform	<ul style="list-style-type: none"> Brief description of the app including goals & cost Mobile App Rating Scale (MARS) by both experts and consumers 	Not publicly available evaluated in published RCT (Bidargaddi et al., 2017)	
American Psychiatric Association	App rating guidelines	<ul style="list-style-type: none"> Safety/privacy Effectiveness Ease of use interoperability 	Active	
Enlight	App rating guidelines	<p>Quality assessments:</p> <ul style="list-style-type: none"> Usability Visual design User engagement Content Therapeutic persuasiveness Therapeutic alliance General subjective evaluation <p>Checklists:</p> <ul style="list-style-type: none"> Credibility Privacy Basic security Evidence-based program ranking 	Active	
Mobile App Rating Scale (MARS)	App rating guidelines	<ul style="list-style-type: none"> Engagement Functionality Aesthetics Information Subjective quality 		

List of Mental Health App Evaluation Tools



PsyberGuide
A PROJECT OF ONE MIND

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Looking for a mental health app?

There are many to choose
from, and we're here to help.

[Show me the App Guide](#)





<https://psyberguide.org/>

Here is the complete list of the PTSD apps on PsyberGuide.
 Click on any App Name to see full information about the product,
 including a description of the product, how to get it, expert ratings, research, and a lot more.

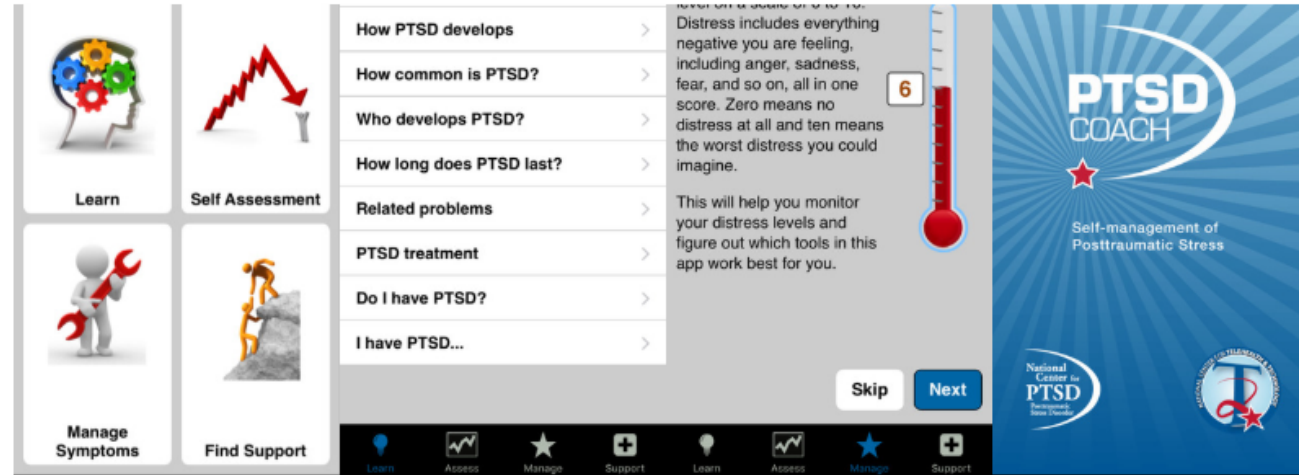
Want a smaller list? Click a category to browse apps by another condition, or click "All Apps" to return to the full list.

PTSD

[All Apps](#)
 [Stress and Anxiety](#)
 [Mood Disorders](#)
 [Schizophrenia](#)

App Name <small>Click the arrows to sort by column</small>	Credibility  <small>Ranges from 1 to 5</small> Learn More	User Experience  <small>Ranges from 1 to 5</small> Learn More	Transparency  <small>Acceptable, Questionable, or Unacceptable</small> Learn More	Expert Review  <small>Click "View" to see an expert review</small> Learn More
PTSD Coach	4.65	3.90	Unacceptable	--
WhatsMyM3	4.30	2.73	Unacceptable	--
Dream EZ	3.20	--	--	--
T2 Mood Tracker	2.50	3.51	Acceptable	View
ACT Coach	2.15	3.45	--	View
PE Coach	2.14	3.68	Acceptable	--
iChill	2.10	--	--	--
Moving Forward	1.80	--	--	--
My Trauma Recovery	1.45	--	--	--

<https://psyberguide.org/app-guide/ptsd/#begin-guide>



PTSD Coach

Disease Category: [Mental Health](#), [Symptom Tracking](#)

Target Audience: [Patient](#)

Recommended

Clinical Effectiveness 4

Functionality 4

Usability 4

80

Version: 1.51

Developer: US Department of Veterans Affairs

Review Date: 2016-03-03

Cost: Free

APA's Hierarchical Rating System

- Background
- Risk/Privacy/Security
- Evidence (i.e., effectiveness)
- Ease of Use/Feasibility
- Interoperability



Background – APA Evaluation Model

- **What is the business model? If the app is free, then how does it support its own development?**
- **Who is the developer?**
- **Does it claim to be medical?**
- **What is the cost? Does it require in-app purchases to unlock certain features? Is it free?**
- **Does it integrate advertising into its usability?**
- **On which platforms does it work (e.g., iOS, Android)?**
- **When was it last updated? How many updates have there been? What were the reasons for the updates (i.e., security updates; software glitches or bugs; improved functionality or added services)?**

Risk/Privacy & Security-APA Evaluation Model

- Is there a privacy policy?
- What data are collected?
- Are personal data de-identified?
- Can you opt-out of data collection?
- Can you delete data?
- Are cookies placed on your device?
- Who are data shared with/What data are shared?
- Are data maintained on the device or the web (i.e., “the cloud”)? Both?
- What security measures are in place? Are data encrypted on the device and server?
- Does it purport HIPAA compliance? / Does it need to be HIPAA-compliant?

*However, if you cannot find answers to many of these questions, or again there is no privacy policy, that is a good indication that you may want to avoid this app.

<https://www.psychiatry.org/psychiatrists/practice/mental-health-apps>

Evidence – APA Evaluation Model

- **What does it claim to do vs. what does it actually do?**
- **Is there peer-reviewed, published evidence about tool or science behind it?**
- **Is there any feedback from users to support claims (App store, website, review sites, etc.)?**
- **Does the content appear of at least reasonable value?**

Ease of Use – APA Evaluation Model

- To recap, if an app has satisfied criteria in Steps One and Two, then you may assume that:
- It offers minimal risk in terms of digital safety and privacy
- It appears to have some benefit.
- Thus, Step 4 helps evaluate ease of use because an app is only as useful as you and your patients find it to actually use. Ease of use is a more subjective category and so different people will have very different ideas about what ease of use means to them. The questions below are, again, designed to help you think about the app's interface and overall functionality and then make an informed decision about how usable an app will be for the case and patient at hand.
- Is it easy to access for the patient at hand (i.e., based on patient diagnosis or other factors)?
- Would it be easy to use on a long-term basis?
- Is the app or are features of the app customizable?
- Does it need an active connection to the Internet to work?
- What platforms does it work on?
- Is it accessible for those with impaired vision or other disabilities?
- Is it culturally relevant?

APA App Evaluation Website



PSYCHIATRISTS

RESIDENTS & MEDICAL STUDENTS

PATIENTS & FAMILIES

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Psychiatrists

Education

Practice

Practice Management

Professional Interests

DSM

Telepsychiatry

Risk Management

Clinical Practice Guidelines

Ethics

Quality Improvement

App Evaluation Model

Our approach to rating mental health apps is grounded in the belief that any decision between you and a patient is a **personal decision based on many factors**, for which there is rarely a binary 'yes' or 'no' answer. For example, cognitive behavioral therapy is often appropriate for many patients, but certainly not all and it requires knowing the patient to make the best decision. However, selecting an app is slightly different in that the information necessary to make the best decision is not what psychiatrists and mental health clinicians are classically taught or used to ¹.

Thus the goal of a hierarchical rating system and rubric is simply to make APA members aware of very important information that should be considered when picking an app that is not exactly the same as the information used to judge a medication or therapy. Ensuring that all important information is considered will result in a better informed decision being made.

App Evaluation Example

View an example of how to utilize APA's recommended model in rating an app.

[View More >](#)

[App Evaluation Form](#)

<https://www.psychiatry.org/psychiatrists/practice/mental-health-apps/app-evaluation-model>

Apps... Do Your Own Research

- Ask colleagues for recommendations and some larger providers offer apps and collect data on their use.
- Check to see if the app offers recommendations for what to do if symptoms get worse or if there is an emergency.
- Decide if you want an app that is automated or one that offers opportunities to access professionals.
- Search for information on the app developer.
- Beware of misleading logos.
- If there is no information about a particular app, check to see if it is based on a treatment/support that has been tested.
- Try it, test it for a few days and decide if it's easy to use, holds your attention, and if you want to continue using it. An app is only effective if keeps users engaged for weeks or months.

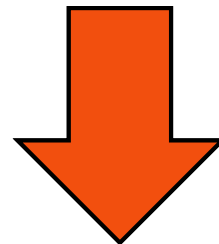
To App or Not to App????

- Armontrout and colleagues (2017) currently recommend abstaining from formal recommendation of **treatment apps** unless and until:
 - evidence for efficacy of the app in question emerges so that clinicians educate themselves
 - they hold informed consent discussions which disclose the known risks of app use
- User ratings are an indication of app popularity but not clinical usefulness



*To BE,
or
NOT
to BE?*

High Availability



Low Evidence

To App or Not to App????

- Ask questions like-“Why consider this app in the first place? What is it for? What is its clinical strategy?” (Maheau et al., 2017)
- The potential for benefit remains vast and the degree of innovation is inspiring, but it turns out we are much earlier in the maturation phase of medical apps than many of us would have liked to believe.
- To build the future we want, in which patients can trust their medical apps, we need to verify that they function as intended. (Wicks & Chiauzzi, 2015)



Research on APPs- Mental Health

- 9 apps (3 CBT; 1 DBT; 1 Behavior Activation and 4 ACT apps) research studies
- Only 3 of the 9 CBT Apps reviewed in published studies are available for download and use on the marketplace (e.g., Oiva, SmartQuit, Viary), making it generally difficult for a provider to make direct recommendation based solely on the scientific literature
- Therapist involvement might be an important factor influencing patients' experiences and outcomes with apps (Ly et al., 2015)
- Broad frameworks for evaluating mobile mental health apps includes
 - consideration of usefulness
 - Usability
 - integration,
 - infrastructure (Chan, Torous, Hinton, & Yellowlees,2015)

Research on Mental Health Apps

- **Self-Help Apps** - <http://www.ptsd.va.gov/PTSD/public/materials/apps/index.asp>
- **PTSD Coach** – learn about/cope with PTSD-symptoms common following trauma
- **PTSD Family Coach** – supports family members of those with PTSD
- **Mindfulness Coach** – helps person stay grounded in the present to facilitate better coping with unpleasant thoughts and emotions
- **MY3 app** - stay connected when struggling with tough emotions or having thoughts of suicide
<http://www.suicidepreventionlifeline.org/gethelp/my3-app.aspx>
- **Suicide Safe** – helps providers integrate suicide prevention strategies into their practice and address suicide risk among their patients – a free app based on SAMHSA's **Suicide Assessment Five-Step Evaluation and Triage** (SAFE-T) card

Apps with Evidence – Support

- **A-CHESS** Addiction-Comprehensive Health Enhancement Support System
- **LBMI-A** Location-Based Monitoring and Intervention for Alcohol Use Disorders
- **Square2** Based on TES/Motiv8 <https://www.square2.co/>
- **Mobile MORE Field Guide for Life App**
http://www.hazelden.org/web/public/mobile_more_field_guide.page

Problem

Many of the research-based apps are commercially

UNAVAILABLE



training

Patients/Peers need basic information to use digital technologies with the least risk of harm, including guidance to help clarify the risks with self-diagnosis and self-treatment.

Patients/Peers Bill of Rights for DHTs

Patients/Peers:

- Can discontinue the use of an App at anytime or quit any group or online community
- Can join Reddit or similar SNSs that allow individuals to not link their account to an email account
- Do not have to talk or write responses in online support groups unless group norms require that type of participation
- Are not required to disclose any personal identifying information and should consider not joining the group/feed or discontinuing use of app
- **Do not have to enter treatment or recovery support services in order to participate in an online community**
- Should keep in mind that voting or liking is not required
- Should discuss with their practitioner or PRS any concerns or if they felt uncomfortable with online community activities or interactions, comments made by other SNS participants, or App activities