

NEWSLETTER



Q & A

Karen Fortuna, PhD
Assistant Professor of Psychiatry,
Geisel School of Medicine, Dartmouth College;
Co-creator of the Digital Support Certification



Q&A with Karen Fortuna, PhD, Assistant Professor of Psychiatry, Geisel School of Medicine, Dartmouth College; Co-creator of the Digital Peer Support Certification

The world has seen technology take a prominent role during the pandemic by allowing us to connect through virtual means. What are some cautions that you wish the field understood better related to providing peer support virtually to adults with mental or substance use disorders?

Technology—you can't live with it; you can't live without it. So, it's important to educate yourself on its use. One of the cautions about technology is that it may not align with the values and principles of peer support, which could impact how peer support is delivered. For example, there could be a technology that uses passive monitoring (i.e., collecting data without the user actively sharing it). This raises concerns about the data that gets collected—it could potentially be used to monitor the audio in an individual's home or track their GPS location, and that may not align with the values and principles of a peer support specialist or a person using the service. Therefore, it is important that peer support

specialists and people engaging with services educate themselves on any technologies that might be adopted to facilitate services. Passive monitoring, machine learning, and digital phenotyping are all elements of different technologies that may not be compatible with the peer's or the service user's individual values or with their expectations for their relationship with each other. When peers are educated on the details of these technologies, they can make an informed decision about whether or not to use them, and if they do, they understand the pros and any cons. If they recommend it for use with a person receiving services, they can make sure that individual understands too. Enabling informed consent and facilitating an understanding of the privacy statements are both essential in order to help individuals make the best decisions for themselves.

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NATURAL SUPPORTS PERSPECTIVES SERIES:

Caregiving for a Sibling with
Traumatic Brain Injury and
Justice Involvement



Natural Supports Perspectives Series: Caregiving for a Sibling with Traumatic Brain Injury and Justice Involvement

The following article is part two of the Natural Supports Perspective Series and provides us the speaker's reflection on their experiences with their sibling's traumatic brain injury, justice involvement, and long-term caregiving. For more details on this series, follow the link to the full article.

Content Warning: Traumatic brain injury and incarceration. The following story is the speaker's personal experience and may evoke strong emotions for some readers.

In my brother Charlie's mind, he's a suave guy in his mid-twenties. He's six-foot-four, blonde and blue-eyed, liked by young women, and able to win over any room. And he was almost the Marlboro man. To the rest of the world, Charlie is actually a 65-year-old man with a palsied hand, lunging gait, and slowed speech. For the past forty years, only a few of us have understood how these two versions of Charlie co-exist and how they put him in peril and have cost all of us so much.

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THE RIGHT RESPONSE AT THE RIGHT TIME

The Albuquerque Community Safety Department
Leads with Community

The Right Response at the Right Time: The Albuquerque Community Safety Department Leads with Community

The Albuquerque Community Safety (ACS) department is a new alternative response model gaining national attention, garnering recent coverage by NPR, The Washington Post, and NBC. ACS is the first of its kind. As a cabinet-level department, it is the third branch of public safety, meaning it is on equal footing with the police and fire departments.

ACS addresses calls involving mental health, homelessness, substance use, and other issues that do not require a paramedic or police officer. Calls are triaged by 911 and 311 operators, ensuring ACS's calls are non-medical and non-violent.

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