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Designing a Digital Mental Health App for Opioid Use Disorder Using the UX Design Thinking Framework

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The Opioid Crisis: A National Public Health Emergency



38 opioid-related deaths per day



Isolation, disruption to treatment, increased risk of life-threatening illness

Decreased quality of life and productivity



Significant healthcare, criminal justice, and economic costs





Less than 10% of people who need help receive care for opioid dependence.



The Opioid Crisis: A National Public Health Emergency



Stigma; Negative public and healthcare professional attitudes



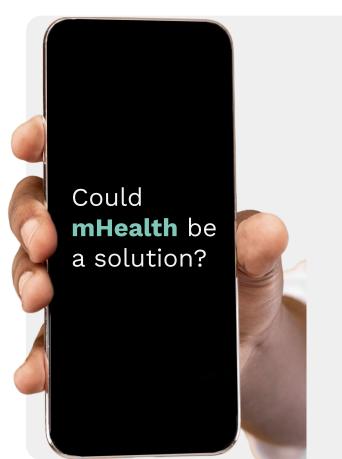
Travel barriers, especially in rural areas



Financial instability



Outdated policies



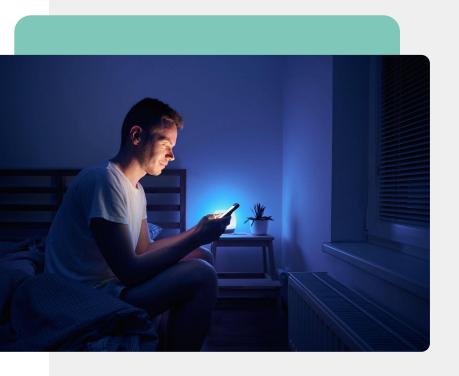
There is a <u>need</u> to design an easily **accessible**, **discreet**, and **efficacious** remote intervention for those who suffer from OUD.

Over 100,000 mhealth apps are currently available.

However, most of these apps:

- contain gaps in assessments of efficacy; Have little documentation or evidence of clinical validation.
- do not address privacy concerns.
- lack personalization.
- do not follow a UX Design Thinking approach during development.
- do not focus specifically on OUD.





Despite their current state, mHealth apps have potential.

- Offer remote help
- Deliver "Just-in-time"
 Interventions
- Cost-effective
- Customizable
- Provide anonymity
- Show promise in improving interventions in addictive disorders.

The UX Design Thinking Framework



The UX Design Thinking Framework

User



- Improve User Engagement
- Strengthen Trust
- Increase Retention

Business

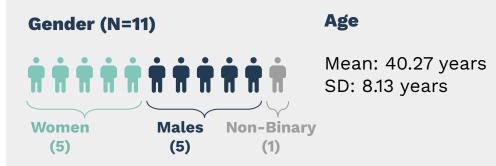


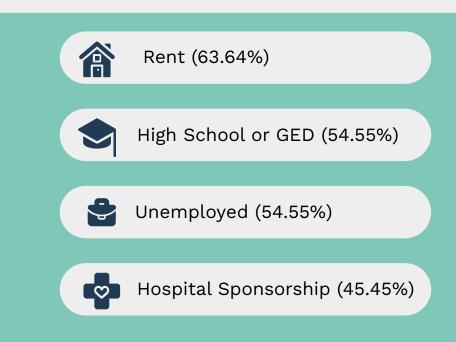
- Save Time
- Save Money

Target Population

Inclusion Criteria

- Adults 18-75 years
- Diagnosed with Opioid Use disorder and have participated in medication-assisted treatment
- Own a smartphone





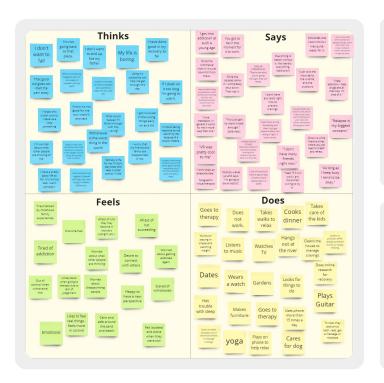
Empathize

withdrawals unknown survey overwhelmed somebody medicine frustration judgement uncomfortable issues stressing woah escape depression day feelings sick arguments anxiety angry father tineed thinking anxiety seeing street worry enough family painpeople good sweats withdrawal argument angerfear hot slee hot sleeping reason worried talking change past stressful hungry disappointed health sickness marijuana overwhelming situation tragedy transition

- Transportation, stigma, and access to care are pain points for people in recovery.
- The most influential triggers to craving are anxiety, pain, people, and arguments.
- Despite being an efficacious strategy, most participants have not tried Cognitive Behavioral Therapy.
- Some do not receive the appropriate level of care.



Empathize





★ Motivations

Being there for her son and family.

Getting healthy and staying in shape to feel better.

Finding joy in life again.

Learning; getting her GED.

■ Frustrations

Being stuck on medicine the rest of her life because of a mistake.

Gets anxious when she tries breathing exercises or meditation.

Wrong therapist at the wrong time in her recovery.

Ryan Jones



High School Diploma

Dating

6-15 times/day

Part-time Mechanic



Helping other people with their recovery through group counseling.

Wanting to make his friends and family proud.

Using wood working as a distraction tool during withdrawal. He likes having a nice end result.

■ Frustrations

Transportation is an issue. It makes it very difficult to make it to therapy meetings and appointments on time.

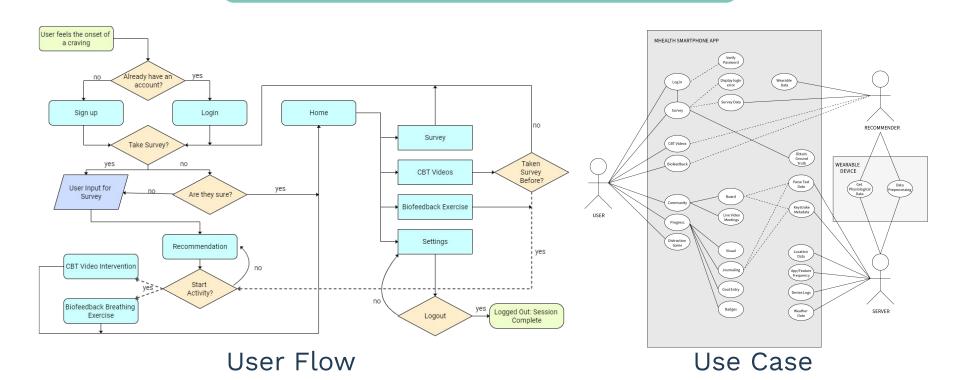
Ryan doesn't have any tools to help him prevent cravings right now.

Physical withdrawal symptoms make it very difficult to stay away from opioid use.



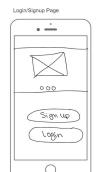
There is a <u>need</u> to design an easily **accessible**, **discreet**, and **efficacious** remote intervention for those who suffer from OUD.

Ideate





Prototype



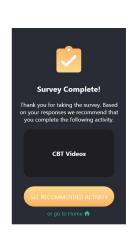














Paper Sketches

Low-fidelity Adobe XD Prototype



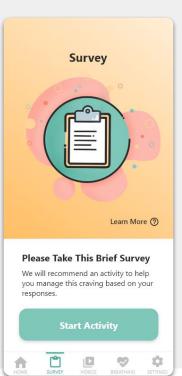
Heuristic Evaluation

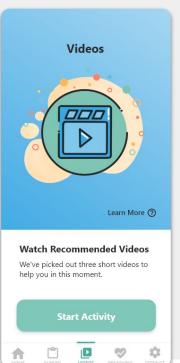
- 20
- 1. Visibility of System Status
- Match Between System and Real World
- 3. User Control and Freedom
- 4. Consistency and Standards
- 5. Error Prevention
- 6. Recognition Rather Than Recall
- 7. Flexibility and Ease of Use
- 8. Aesthetic and Minimalistic Design
- 9. Help Users With Errors
- 10. Help and Documentation

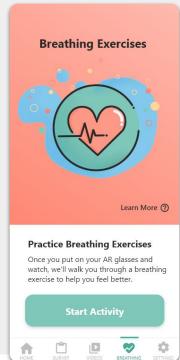
Jakob Nielsen's 10 Usability Heuristics

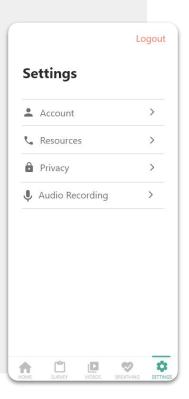
An <u>i</u>ntelligent <u>Pervasive</u> <u>Augmented ReaLity (iPAL)</u>











Conclusion

- Follow a user-centric UX design thinking framework
- Consult experts in addiction psychology, UX design, and development.
- Base interventions in cognitive behavioral therapy.
- Utilize diagrams, personas, and wireframes to establish a shared understanding of project aims throughout a team.

Future Directions >> Usability and Efficacy Testing

Contact Information



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