

# Opening up for more entrances into modular treatment within Anabolic Androgenic Steroids

The Oslo School of Architecture and Design  
70-602 Service Design 2: Service Design Futures  
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## **Domain 1: Opening up choice regarding different treatment modalities.**

Arena flexibility, options of video consultation, screening and evaluation for treatment, AI supported referral and triage.

**Scope:** Steroideprosjektet/steroidelab.

**User group:** Users of AAS often want to stay anonymous and prefer digital options as they don't identify with addiction or the clinic offering treatment. They usually view their use as a form of self help and not as a drug. Many users are people who are in full time jobs and have little time on their hands, some of these users usually figure out that they want to quit their use of AAS at times where services aren't open. Therefore it would be beneficial to have more options in service with flexible opening times so you can get the help needed.

**Interviews:** We have interviewed four people in different fields.

**Approach:** This project was approached with a near future perspective in mind. Starting by looking at the thick present and what emergent & adjacent possibilities already exist. Taking into accountability what has happened in the near past. What is not explored in this rapport is discussed in the other domain's rapports to create a holistic future landscape.

**Methods:** Three horizons, trend cards, iceberg, multiple roadmaps, narratives, artefacts, visualisations, interviews both traditional and future exploitative.





## Understanding value of (digital) connections

Technology like gaming, streaming or other digital platforms were earlier mostly viewed as harmful and isolating. However, now there is a growing understanding of the valuable connections that can be made through these arenas. Opening up for use within mental health care services, especially in cognitive treatment.

### Signals

Research showing that digital connections can contribute to reducing depression.

Media portraying and sharing values of digital connections (e.g. Ibelin)

Digital options can distribute public health care offers across the country



## Emergence of more adaptable services

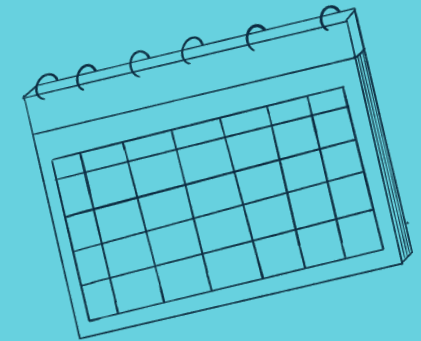
As more private services are focused on user-centred care, there are more modular options for service providing emerging, also within the mental health care sectors. As the use of digital platforms increase, the tolerance for digital solutions opens up.

### Signals

More modular and adaptive services created.

Health care providers adapting their services to be more user oriented with ex. booking appointments.

There is a higher demand for adapted and personalised care.



### Countertrend

There is scepticism arising around digital connections and if they can replace physical ones. There are debates in the importance of human interaction, not only in health care services, but also in other public arenas, shifting due to digitalization.

### Countertrend

There is a tension between patients choice and clinicians expertise. Therefore, there is a need to finding a balance in the adaptability for the services. As well as fitting the adaptability into the existing infrastructure of public health care services.

## Trends

Our work started by analysing emerging trends. These were the two trends most prominent in our further work. These trends are supposed to identify signals in the present that say something about the future coming. However, there are often countertrends at play, therefore we have included them to highlight the tensions as something to work further with in later development of the digital clinic.

# Anonymous

1

I want to quit steroids

Motivated to quit steroids  
Want to quit but want to  
stay anonymous at first.  
Doing research themselves

3

Finds anonymous chat bot  
Information about anonymity  
Getting more motivation from the  
chat bot to quit steroids  
Motivational interview

2

How to quit steroids



I feel confident and I am  
aware that im no longer going  
to be anonymous

8

patient receives  
confirmation and is  
met the way they  
wanted



7

Clinician reviewing  
self referral

## Not anonymous

Self referral form

Where: \_\_\_\_\_  
When: \_\_\_\_\_  
How: \_\_\_\_\_  
☐ Message  
☒ Phonecall  
☐ Video  
☐ Physical

Comment: \_\_\_\_\_

4

Here is the link to the form

Now

[www.selfreferralform.no](http://www.selfreferralform.no)

I recommend that you answer it. If you decide to continue and send it in to clinicians you will not be anonymous, you have the option to save the form for later if you dont feel ready.

5

Save for later  
"You have taken the first step, congrats!"

I dont feel ready yet  
I will stay anonymous a bit longer

6A

Now

Hi again, I dont really feel ready to not be anonymous yet. Do you have any advise for me to how to get there? I aswered the form you sent me and downloded it for later.

## Future visualisation

To visualise a potential development of the future digital clinic we propose a journey that takes you through the start-up of treatment for a patient using steroids. During our interviews, capturing the patient the second they think about quitting was highlighted as a critical moment. Therefore we wish to expand the information and guidance Steroidelab offers with a 24/7 Chat-bot and create more entries into treatment. The chat-bot will preform a motivational interview and give guidance accordingly. This is a way to distribute the knowledge of a few clinicians to many potential patients.

After a motivational chat the patient will receive the option of self referral into treatment, with a option to save for later if they don't feel ready to break anonymity with the health care service. If this is the case, the patient can keep chatting with the bot for general advice and information.

If they wish to proceed they fill out the form, including how the wish to be met by the health care service. Where, what time and what modality the want for their screening. When this form is sent they are no longer anonymous as the referral must be reviewed by a clinician who confirms the appointment. Later the patient is contacted or met in the way they prefer and are most comfortable with.

Refer yourself to TSB

Progress bar

Description

How long have you been using steroids?

☐ 1-3 weeks

☐ 1-3 months

☐ 4 months - 1 year

☐ Over 1 year

Have you attempted quitting earlier?

☐ I have not

☐ I have attempted once

☐ I have several times

Add comment

Next step

Refer yourself to TSB

Progress bar

Personal information

Name

Date of birth

Address

Phone number

E-mail

Next step

Refer yourself to TSB

Progress bar

Refer yourself to TSB

Here you have the opportunity to send a self referral into treatment. You will be given the opportunity to choose the way you want to be met. Your referral will be reviewed by a clinician who will perform your screening, together you plan your treatment further.

This is a great first step!

Sending a self referral means stepping out of anonymity, but we do have patient confidentiality keeping all your information secure.

Start self referral

## Self referral form

This is an example of how a self-referral form might appear on screen.

First, you'll receive information about the form and how your anonymity is handled.

Next, you'll enter your personal details and select your preferred consultation method.

Finally, you'll see a summary of your choices, including what happens to your data if you decide to submit the form. There is also an option to save your completed form and return to it later.

Refer yourself to TSB

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Choose consultation method

Choose preferred contact method

☐ Video

☐ Chat

☐ Phone call

☐ Regular meetings

Add comment

Remember: We are not able to keep the anonymity when you send the referral, but we do have patient confidentiality.

Save for later Send referral

Refer yourself to TSB

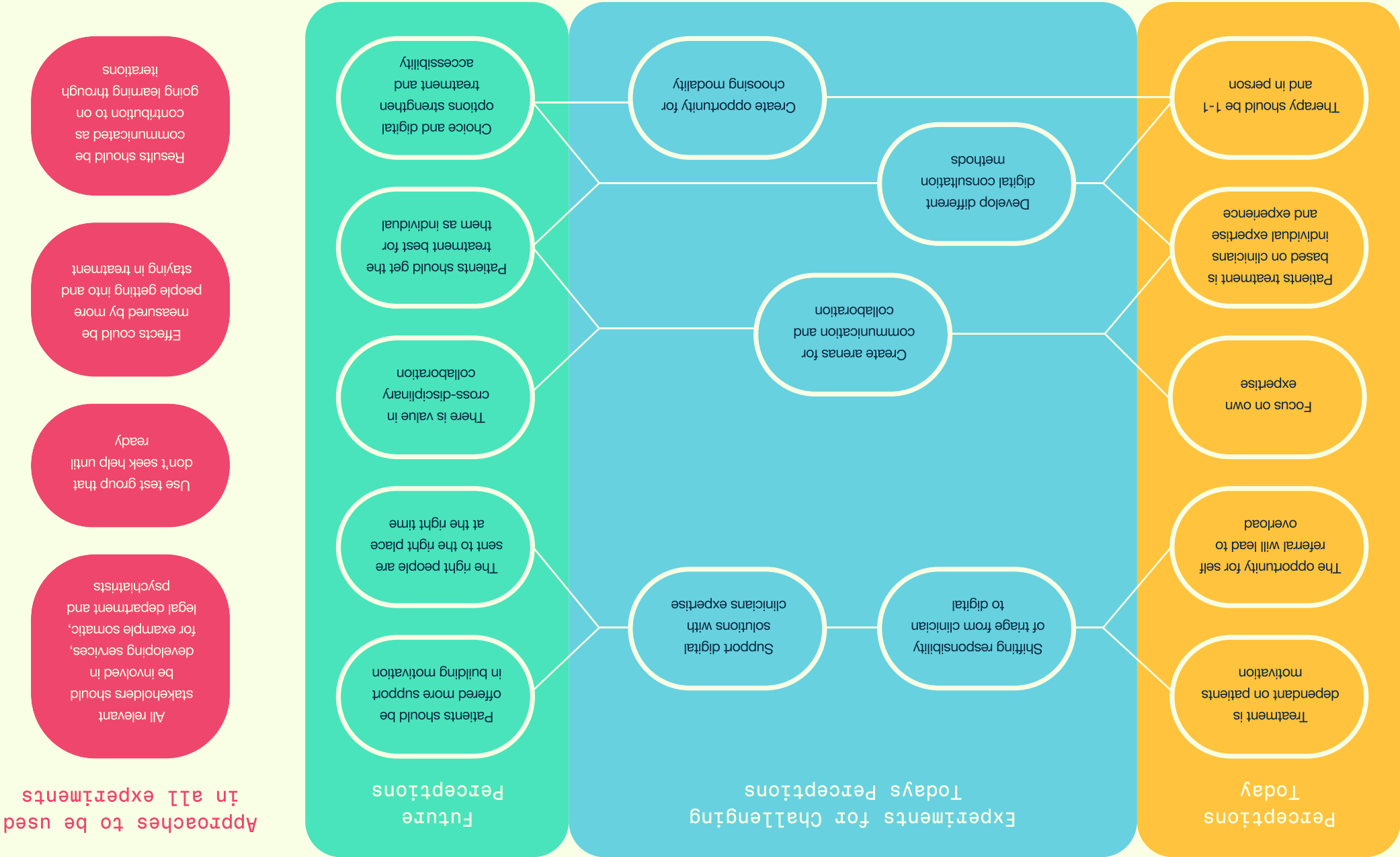
You have taken the first step into treatment and should be very proud.

In the next step a clinician will review your self referral and you will receive a confirmation on the appointment. Then you will be contacted in the modality of your choice for a screening appointment.

View referral

# Roadmap

This roadmap gives an overview of perceptions told during our interviews, in addition to proposition of a couple experiments to challenge them and shift towards more open perceptions for the future. We suggest executing these through suggested approaches to ensure reflection and learning for further development of the Digital Clinic.



# Reflections, Risks and Critical Questions to Consider

Deciding on treatment involves finding a balance between patient needs and clinicians expertise. Patients may want to take an active role in making decisions about their care, but those decisions should still be informed by the knowledge and experience of health care professionals. The challenge lies in understanding what aspects of treatment a patient can meaningfully influence, and what is already determined by medical guidelines.

How can the patient choice and needs, and the clinical expertise be balanced to provide better personalised and adapted treatment?

Creating a transition from what the public mental health services are today and to the future digital clinic, requires a mental shift. Challenging the traditional practices of therapy and substance abuse treatment by shifting what is thought of as best practice today. For example by offering more entrances into treatment and flexible services. This is our proposed experiments to enable this shift.

What experiments, actions and changes could be made to facilitate and support a shift in mindset?

Working with this user group it became clear that information and wording is important to emphasise in the development of the future substance abuse treatment services. How and when you display information about anonymity and service progression is crucial for getting into and staying in treatment.

How and when should information be presented to create safety and trust for the patient?

We understand that you can not blindly trust technology like AI driven chat-bots. If not developed with care and expertise it could present a risk of delivering wrong or misleading information, creating mistrust to not only the bot itself but the service offering it as a whole. These digital advances calls for accurate information and testing, so you can avoid sending the wrong people to the wrong place and the service working against its intentions.

How should Chat-bots and AI be developed to behave and best facilitate for more patients getting the help they need?

An important aspect of developing the future digital services is working together cross-disciplinary. Stating up these digital services require clinical, legal, economic and technology knowledge, amongst others. Making it reliant on good communication to create a holistic understanding of the systems they are being established within.

How can we enable better cross-disciplinary collaboration to ensure sustainable and viable digital solutions?

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