

Supplementary file for Nordtug et al.: *Digital interventions in public health social work: A narrative synthesis*

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First author, year of publication, title of the article, journal, country/countries	Digital intervention	Benefits	Challenges
Burke, C. et al. (2021). COVID-19 Family Support Team: Providing Person and Family Centered Care During the COVID-19 Pandemic. <i>Journal of Social Work in End-of-Life & Palliative Care</i> . USA	Psychosocial support to foster connection (which for instance included inviting family members for patients in the ICU setting “to email pictures that could be printed and placed in the patient’s room and to have ‘face-to-face’ visits via online virtual platforms” (p. 159); family support group (a support group facilitated by a professor/clinical psychologist over Zoom); bereavement care (that for instance included virtual memorial services); and patient support packet.	The intervention was able to provide support and connection to others when physical co-presence is not possible and gave family members the opportunity to talk about a hospitalized family member. The ability to send pictures to someone who is hospitalized was found to be impactful for families and providers as the pictures could either be enjoyed by patients or humanize them is they were unresponsive. The intervention was able to provide immediate bereavement care to a patient’s family members in cases when physical co-presence was not possible.	The intervention was not well-attended and it was challenging to disseminate information about the intervention. Limited familiarity or access to the software used – in this case Zoom – can be a challenge.
Cornell, P. Y. et al. (2021). Social work and telehealth: How Patient Aligned Care Team (PACT) social workers in the Veterans Health Administration responded to COVID-19. <i>Social Work in Health Care</i> . USA	Video telehealth	Video software can provide more information to evaluate veterans’ health and well-being than telephone visits including information on clinical situations and home environment. The intervention can improve access to people living far away from their care providers. The intervention can help patients to stay connected with their care team in cases when physical co-presence is not possible.	Shifting to a different kind of telehealth necessitates that social workers adjust and adapt both their skills and clinical practice. To use this intervention, users must learn a new way to connect with their care providers. Embracing new technologies entails managing hesitance. Limited access and affordability can present barriers.

Crawford, E. A. et al. (2013). A Pilot Study of Computer-Assisted Cognitive Behavioral Therapy for Childhood Anxiety in Community Mental Health Centers. <i>Journal of Cognitive Psychotherapy: An International Quarterly</i>. USA	CCAL, which is a specific CCBT program, which is described as “a 12-session, interactive computer-assisted treatment program”: “The first 6 sessions were primarily completed independently by the child on the computer with therapist supervision. During these approximately 50-min sessions, the child learned strategies to cope with anxiety, with each level focused on a different coping skill [...]” (p. 225). “The final 6 sessions were completed with the therapist and focused on graduated exposure to anxiety-provoking stimuli specific to each child.” (p. 225). “All sessions incorporated role-plays, social rewards, and homework.” (p. 225)	Computer-assisted programs may be an effective way of treating young people with anxiety disorders. Anxiety reduced. A standardized computer-assisted program to provide evidence-based treatment can improve outcomes and quality of life for children with anxiety disorders.	Issues can compete with treatment. These issues can include transportation issues, conflicting activities, and life stress in general.
Hanssen, L. et al. (2017). How can web-based training facilitate a more carer friendly practice in community-based health and social care in Norway? Staff experiences and implementation challenges. <i>Health and Social Care in the Community</i>. Norway	A “web-based competence building programme (CBP) for health and social care practitioners aimed at facilitating collaboration with carers” (p. 559)	The programme can be valuable as it is a flexible, accessible, and cost-effective way of providing competence-building that can facilitate reflection, awareness, and increase competence regarding collaboration with carers.	The programme is dependent on management planning and supervision. Time pressure and attitudes towards the programme can entail that service providers are not willing to prioritize the programme.
Menon, G. M. & Rubin, M. (2011). A Survey of Online Practitioners: Implications for Education and Practice. <i>Journal of Technology in Human Services</i>. USA	E-counseling (including e-mail (86%) of these 79% in combination with face-to-face, and 21% only email, instant messaging, videoconferencing (57%), and few used blogs, social networking, and chat).	E-counseling can help clients as it provides an opportunity to reach people in rural or isolated areas, people who cannot leave their home due to disabilities, people who do not have counseling services close by, people who do not want to go to a clinic,	Online practitioners state that they have less connection with clients through e-counseling and unless they use videoconferencing opportunities, they are unable to assess nonverbal cues.

	Benefits with e-therapy: Reaching people in rural and isolated area, sensitive and embarrassing issues more anonymous, avoiding stigma.	people who are intimidated by physical sessions, and people who live abroad. E-counseling provides flexible scheduling and can be a practical solution that does not require people to deal with transportation or childcare. E-counseling can provide anonymity and allow people to talk about sensitive and embarrassing issues, as well as issues that could be stigmatized.	Asynchronous communication was found to hinder immediacy in problem solving.
Morey, C. (2021). Virtual family town hall: An innovative multi-family telehealth intervention during COVID-19. <i>Social Work in Health Care</i> . USA	Virtual family town hall (a “multi-family telehealth intervention” (p. 166))	The intervention can help staff to provide information about hospitalized individuals to family members who are unable to physically see the hospitalized individuals because of a pandemic. As such, it can provide rapid and effective access in a safe way. Because the intervention provides an opportunity for family members to receive information, the intervention can help to alleviate fears and anxieties family members may have, and it allows family members to connect with staff and voice questions and concerns.	
Murty, S. A. et al. (2012). Using a LISTSERV™ to Develop a Community of Practice in End-of-Life, Hospice, and Palliative Care Social Work. <i>Journal of Social Work in End-of-Life & Palliative Care</i> . USA	A LISTSERV™ (“an online Community of Practice (CoP)”) called SW-PALL-EOL	Social workers who are members of the list can communicate and collaborate with each other on and thereby improve their competences independent of where they are located geographically.	Some members may need to be reminded of the guidelines for using such a list, including to not send messages for just one person to a whole group, and not posting personal information. Messages may contain viruses, and members of

		The list can help social workers feel a sense of belonging to a professional community even if they do not have the opportunity to participate in a physical community of practice in a particular domain.	the list risk sending messages containing viruses to a large group.
Ravalier, J. M. et al. (2020). Co-Creating and Evaluating an App-Based Well-Being Intervention: The HOW (Healthier Outcomes at Work) Social Work Project. <i>International Journal of Environmental Research and Public Health</i> . UK	The HOW (Healthier Outcomes at Work) Social Work app	The app gave easy access to information about everything well-being related in a workplace including receiving push-notifications on well-being events. The app provided social workers with the opportunity to provide feedback to their organization either anonymously or non-anonymously.	Organizational phones or tablets may not allow social workers to download the app. Using an unknown app was met with skepticism.
Weiner, D. et al. (2019). Mobile resource referral technology for preventive child welfare services: Implementation and feasibility. <i>Children and Youth Services Review</i> . USA	“a mobile-optimized version of the resource referral tool that provided real-time access to geocoded, detailed, and comprehensive information about community services within dozens of categories defined by the CommunityRx service taxonomy.” (p. 3)	The app is convenient for sharing information and efficiently looking for resources and providers. Limited training was needed to implement the tool in workflows. The tool can generate geospatial data that can inform decisions.	The app can contain discrepant information. Adopting the app can be hindered because of problems with WiFi, data access, or conflicting software. Caseworkers did not trust that they could use the app alone and thus duplicated effort.

