



The risks of borrowed trust:
a cautionary case study from a qualitative study
exploring the use of DBS for addiction

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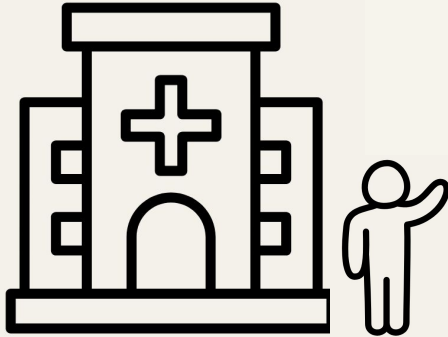
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1 UNIVERSITY of
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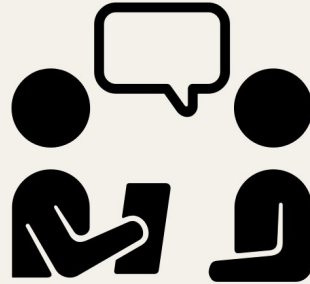
2  **Massachusetts
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3  **OHSU**

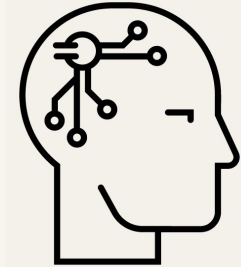
PROJECT AIM: Gauge the interest in and understand the concerns of people with substance use disorders (SUDs) on the possibility of Deep Brain Stimulation (DBS) as a possible future treatment option.



Recruited **participants** through collaborating with in-patient **treatment centers**.

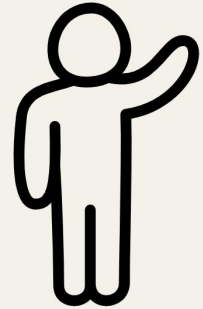


“Third party” ethicists conducted **interviews** with participants.



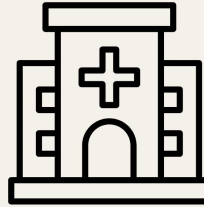
Analyzed results to better understand perspectives of prospective **DBS** end-users.





Participant

"I think really because I would rely upon you and [clinician they work closely with] or your team. That's what we go with. I mean, I wouldn't second guess that." (Participant 2)



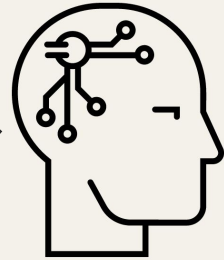
Trust in treatment center team

Trust in interviewer



"No, I'm very intrigued. You're doing something right. It sounds good. You look like a good human being... So, yes. I really feel like, yeah, I trust in you guys and it feels well, they got a good person to pitch it." (Participant 24)

Possibly more trust in DBS





So, what?

- **Unanticipated intermediary “trust transfers” should be considered for the ways they may distort qualitative results.**
- These dynamics may play a stronger role when prompting for perspectives on hypothetical and novel technologies as they may be more reliant on situational factors to evaluate the intervention.
- Possible ways to mitigate?
 - **Emphasize the critical distance** between interviewers/ethicists and the device itself in the recruitment & informed consent process
 - **Add interview probes** to help make these dynamics more explicit
 - **Code for interviewer-interviewee dynamics** to contextualize how they may affect interview content



Thoughts, questions, continued
conversation?

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