Episode 254—Dr. Christopher Larrison: How the Use of Apps Helps People with Mental Illness Forge Relationships and Develop Social Networks

[00:00:08] Welcome to inSocialWork, the podcast series of the University at Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and to promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:37] Hi From Buffalo! Happy New Year everyone! On New Year's Eve, first night in Buffalo thousands of friends and families crowded downtown streets and our convention center for our annual mix of celebration, anticipation, music and entertainment in the City of Good Neighbors. I'm Peter Sobota. Social workers have long espoused ecological models and we understand there are multiple levels of influence on our client's health and mental health behaviors. In this episode our guest, Dr. Christopher Larrison builds on this understanding to describe his work utilizing smartphone technology to help people with mental illness connectm, build relationships, and develop supportive networks. He discusses what he's learning about how smartphones can be used as a conduit to reduce our client's isolation and increase their access to useful information about themselves and their condition. Noting that the use of virtual services and treatments is new territory for many social workers, Dr. Larrison wryly notes that many of our clients are often more savvy with technology than we are. His research raises new challenges for social workers about how to leverage technology in a way that is helpful and innovative for our clients. Christopher Larrison Ph.D. is an associate professor at the University of Illinois School of Social Work. He was interviewed in October of 2018 by our own Robert Keefe Ph.D., an associate professor here at the UB School of Social Work.

[00:02:02] So my name is Dr. Rob Keefe and I am pleased to be joined today by my friend and colleague Dr. Chris Larrison. And we're going to be talking about the use of smartphone technology with various clients who seek services for health and mental health care. So Chris I know you've been doing quite a bit of work in this area. Tell us something about the work that you've been doing with smartphone technology.

[00:02:23] Yeah there's a couple of different projects that we're working on right now. But in a more generalistic sense what I've been spending a lot of time thinking about is sort of the feasibility and accessibility issues around using smartphones and the settings that social workers are most familiar with when they're providing health and mental health services. And you know really trying to think long and hard about what was the smartphone designed for and how to build on those strengths rather than trying to recreate something that's particularly new or unique out of the smartphone. And some of that's driven by recent NIMH annual meeting around mental health services that takes place every other year. One of the presenters talked about that we've spent a decade developing apps for mental health services and gone all the way through clinical trials where we can show that they are useful and efficacious and they haven't been implemented wholesale. And there's some suspicion some of that is that because they've been sort of trying to replicate longstanding sets of services or ideas behind services rather than looking to what was the smartphone designed to do. That's a real generalistic kind of thing that I'm thinking about. And then specific projects, one is that you and I are working out a project that one is really interesting in the sense that you guys spend a bunch of time talking to peri-natal women who are being served at federally qualified community health centers and one of the things that came out, which wasn't overly surprising but I think that we just don't listen to or hear enough, and that was a lot of these women were like "I know I have some depression and I'm sort of done talking about depression." And that was a really interesting finding and then they went further, right? They sort of said "listen the issues that were really confronted with are social isolation, partnership violence and fears about neighborhood kinds of violence," right? And then when you and I start to sit down and think about this right along with the other partners on the research team and then using what's the smartphone's

designed for, well social isolation is a communication issue in some ways. And the technology in smartphones allows for really easy almost frictionless communication using a variety of different ways that will fit best with the relationships with the others that you want to communicate with and with your strengths, so you could do texting, you could do face to face. And so we said "Alright, well, so the first thing is maybe we try to help you feel less socially isolated by bringing you together as a group of people and having to use your smartphone to communicate amongst yourselves." And I think that that fits well with the phone, right? So that was a big piece, and then when you looked at the other two pieces, a lot of things around those two issues; we may not be able to change the dynamics of a neighborhood as a social worker or as somebody working at a federally qualified community health center but we certainly improve information acquisition by the people that we're surveying about what are the strengths and weaknesses in neighborhoods, where are there problems, where are there not problems. No neighborhood is wholesale unsafe. And so there's all kinds of locating services and all kinds of services that help people pinpoint where there's violence and there's all kinds of reports that are coming out of local governments and a lot of it is almost overwhelming even as an academic it seems overwhelming, and so how do we teach clients how to be good users with all this information so that they have better feelings about their neighborhoods and then even with interpersonal violence when those kinds of incidents happen they go back to using communication and the relationships that come out of that communication to strengthen each other and address the issues that are rising out of that violence. That's one project. I have another set of projects I'm running through an endocrinology clinic. And very interesting, two different ways looking at people who are being served for diabetes or thyroid disease and who are having untreated mental illness. So we've been assessing people in the clinic and we're finding a fairly significant number of people that are ranking up as having a mental illness and then who are not in treatment. And then we asked them Are you willing to use your cell phone for mental health services and health services and they were like, "Absolutely." And so we have two approaches here, where one we're will do V.R., so I'll partner with a professor here Rosenblatt Hernandez, who does virtual reality work and a doctoral student who was interested in this area. We're wondering you know how can we implement a small, short V.R. kind of approach that revolves around positive psychology and the concept of awe to help clients who are having some stress around mental illness while they're also being served at an endocrinology clinic and then the other one is to use the smartphone in much the same way we're talking with the peri-natal mothers that you and I are working with and that's to create groups of people that come together out of the same group in endocrinology to do exercise and that's with a guy named Sean Mullen over in Kinesiology here. And that's been really interesting, you know, how do you create a group of people. Many exercise groups come together and they're very motivational in terms of helping people move together. And a lot of people are using smartphones to track your exercise, right? And there's a lot of popularity around that. And then also communication, how do you create a group that communicates well and encourages each other to conduct exercise which can be time consuming and difficult to integrate into your schedule. So I think lots of opportunities here.

[00:07:28] Well there seems like there are many opportunities and among the things that I've been very impressed with working with the mothers that I've been studying who have peri-natal depression is that many of them are quite savvy when it comes to smartphone technology. I've actually been rather impressed with how up to speed they are with the technology compared with many of the professionals who work with them. I'm wondering if in your work did you find the clients you worked with like Weiss to be pretty savvy when it came to technology?

[00:07:54] Yeah I would agree. We often are underestimating our client's ability to use technology and their access to technology. And typically, at least anecdotally I see clients sometimes be much more sophisticated with their smartphones than I am is that that's their only access. So even today as we sit here and do this interview I've got a laptop in front of me. I've got a big desktop in front of me, right? I've got the phone. We're doing this interview through Skype. So I get lots of electronic

access while if your only access is the smartphone then you start to use it in very sophisticated ways.

[00:08:30] You know several years ago I did quite a bit of work myself with the population living with severe and persistent mental illnesses. I found the population to be rather suspicious of, or perhaps guarded when it came to technology. With regard to the mothers with peri-natal depression that has not seemed to be the case and in fact those mothers those clients were really seeking connection. As you pointed out, really wanting to feel a sense of connection with one another. In your work with the severe and persistently mentally ill population, did you or the agency staff find clients to be likewise suspicious or reluctant to engage with you around the smartphone technology? And if so how did you work with that issue?

[00:09:06] Yeah I think that there's a large, people that don't have any access. That's one issue. So I think about 25 percent of clients, that's of my population that are being served by community mental health centers because of their income level don't have access. And so there's that whole component and yeah, a piece of that given some of the symptomology associated with, say schizophrenia and certain aspects of bipolar right can lend themselves to paranoia about these kinds of things. But I think it's not all that hard to overcome. And interestingly enough when you asked that a lot of the work that I've done in the past is sort of that app work where you try to train people to use an app. And so it makes me wonder even as you asked that question, Rob would it change the dynamic of people's willingness to be engaged if they were having to communicate with other clients, right? Or a small group like we're going to do with the mothers who are experiencing peri-natal depression. So I think that's an interesting question although there is something also impersonal about this. I think some of the things that have been most successful with people with SMI have been like text-based apps. You and I have talked about this before, I'm not sure how to explain it but there is something about texting that both rolls up its personal enough and it's impersonal enough that it seems to hit the sweet spot around those two things and then whether or not they have to respond is sort of open to it sort of hits that sweet spot on that as well.

[00:10:26] Well you know in these interviews with these mothers I did find that a lot of the mothers have said they don't necessarily want other mothers to know their business. They don't want the mothers in and out of their lives knowing what's going on and the like. But at the same time they seek connection. They seek a sense of community, which is an interesting sort of predicament to be in. How do you work with mothers who are somewhat guarded but at the same time want to feel connected with other people? And it seems to me that the smartphone technology as you're talking about texting and so forth really kind of lends itself to that. That you can feel a sense of connection but at the same time does provide you some interpersonal distance that may just make you feel or enable you to feel a little bit safer as you form a sense of community with people.

[00:11:03] I think so. The nice thing about the exercise idea here, right, is that you can really start these small groups as being revolving around the exercise. And presumably that's benign enough, right, that it encourages people just to engage in something that's other than their mental illness, and that maybe that that comes more deep or kinds of interactions. Now I think we're hoping for the same with these mothers as well. I think that that's the goal here instead of focusing more on your depression. Let's focus on your social isolation and creating friends with a group of people.

[00:11:35] And speaking of that I confess when it comes to technology, you know, I'm alright but I'm not real wiz at this stuff and I was quite taken with how sophisticated the mothers were, but at the same time I, along with some agency staff didn't seem to be as up on technology as we should be. When working with different agencies and different staff, how open did you find them to be to learning about how to use technology and smartphones to be of service to their clients?

[00:11:59] So I think two things. I think confidentiality continues to be a barrier within our world. So anything having to do with mental illness or health care, right, has a HIPAA overlay and the interpretation of HIPAA can vary greatly from agency to agency to agency. And then if you throw into the mix like "oh we want to do this technology based thing" and the communication is not fully understood or is not fully right. In the case of using apps for diabetes you're entering health based data into this and those apps may not be fully secure. That data is being sold and shared. That's why those companies are in business. So I think that that creates a lot of problem and I think we've got to have a talk amongst ourselves as professionals about what does confidentiality mean in this new world where people are willing to share so many things. You know, there's people with Facebook pages are sharing everything about their mental illness and about their family lives, writing their health problems. So that's the first hesitation I run into. The other thing that we did one of our first early experiments that we never publish because it was such a small group of people. But what we found out is when we did the diabetes apps I went through and picked out the six best apps based upon what the apple ratings were and what the health literature said about what was evidence-based and we put them all on there just to see it without any instruction or any choice. We just said there are seven diabetes based apps. Choose one, try them all. And they did. People chose different kinds of apps. But the complaint that came back from the staff which was legitimate, we wanted to see if this was going to be a complaint was I wish that we had been trained up a little bit more. And we had said to them the same thing with said to the clients. We've put these seven apps on the clients' phones. Here's the names of them. Here's the links to them. You can go look them up and see what they are or play with them and really what they wanted was if you're going to do something that smartphone based or app-based is to leave it less open-ended and to engage in more training which is a classic implementation issue, right? So it made a lot of sense but we were purposely doing that. We left the question open. We wanted to see if this was going to be the response and so they get that very confirmatory response is what it tells me is spend time training both clients and professionals on how to use the apps or the smartphone in the way that you are intending it to be used.

[00:14:16] I work with a lot of agencies in Buffalo and Rochester here in Western New York and many of them have very little technology. Many of the staff don't even have computers and so talking with them about taking on a new task seems like an unwanted additional burden. Did the smart phones help facilitate the stuff that you're working with in their own work with clients?

[00:14:34] So I think that it's much like confidentiality, right? I think there is this issue of perceived burden. And I don't think that perception is entirely unfounded. I think that there is a fairly significant beginning learning curve that occurs. And so the question becomes is what you get at the end of that learning curve worthwhile. So does it make your job easier after you get through this process. And I think the answer to that as long as it's well directed is yes. And then the problem also I think that we're all experiencing and I think that agencies that particularly if you get to an agency that say doesn't have a lot of technology or doesn't have a lot of technology work or has a bunch of workers that don't have anything beyond their experience with their own smartphone, there's not a lot of incentive for them to make this change even if it means over the bend of time their job becomes easier or clients become happier. So I think it's just an issue that we've got to work on because the future lies in this area right now and our clients are all using these phones for kinds of things, we're going to see them using all kinds of health apps and to me that says that we've got to be the good consumers to help make sure that clients are heading into using the apps and the phones in ways that are beneficial rather than unbeneficial. And you know it goes both ways right? There's a lot of concern right now about kids and screens. Well I think it's, you know, it's not an either or. It's really about how do you leverage that technology in a way that's beneficial and not detrimental.

[00:16:05] With that in mind I'm wondering what training did you find that clients and the agencies needed to have so that they could get up to speed and using the smartphone technology?

[00:16:12] So that we haven't gone as forward as, and I think that's a big issue and that's an implementation issue and it's like how do you create a manual around using a smartphone which would be a traditional approach an intervention, right, and the way I'm thinking about this, when in fact the smartphone itself has been designed to be intuitive. So it really is this sort of interesting mix of trying to figure out how much work do people need, like the Apple store does, around using a new piece of technology. And then I think that we have to be specific about like if it's going to be communication how do we teach people how to text or to Facetime. And I think it's all how do we teach you to use your e-mail so that you have a variety of tools as you interact with them. And then I think the other piece if it's going to be something like using apps to track your diabetes, your blood sugar or to track your symptomology around your depression. If those are apps then we have to figure out which apps are really legit apps that have some evidence that other people like. And then I think we have to teach our clients how to use them.

[00:17:13] So if we're looking at building a sense of community among these mothers living with peri-natal depression and having a sense of connection is really one of the outcomes that we're helping to achieve, tell me a little about some of the outcomes that you were hoping to achieve in the work you've done with other groups with using the smartphone technology.

[00:17:30] So the goal here has been in the past just to get you to engage more with your chronic disease and learn more about it, in this case diabetes. And they're really derived itself rectally out of the literature that would say "hey listen the rate of diabetes amongst people with serious mental illness is over the top." And you know all from going out to community mental health centers which is where I generally work they don't do anything medically based and some of this is changing right as federally qualified community health centers engage in more mental health services. They do diabetes kinds of things. But if you go out to the community mental health center where I'm really most familiar and where I've done most of my work, and you went to see the psychiatrist or the oneM.D. on staff and asked them "Are you doing anything about obesity metabolic syndrome or diabetes," all of which are associated with some of the second generation and psychotics, they would just say "No I don't have any time to talk about those side effects." And I've asked so even when you have a client that's sitting in front of you that's gained 100 pounds in a year and the answer is "No. The clients got six other medications. I've got ten minutes with them. I have to focus on the mental illness aspect of this." And so in this case it became an issue of OK if you have limited access to health care particularly in a rural setting and the primary person that you see is the psychiatrist who is not going to be capable to help you out with this can we leverage the apps that other people are using around doing diabetes self care to help you out.

[00:19:01] Like a lot of the mothers here with the peri-natal depression we're looking at really trying to engage them and keep them engaged. Many of the agencies say because these mothers have so many things that they're dealing with, among the things that they're concerned with is the high dropout rate because so many mothers just have difficulty accessing transportation or whatever they need to get themselves to agency based services. Did you in your work with these various populations, did you have much of a client dropout rate that you had to address or did the smartphones keep them engaged better in the treatment process?

[00:19:33] The smartphones actually keep people relatively engaged and as I've, you know, said about handing them out. So people always ask, for like for the 25 percent that don't have maybe if I give you the smartphone the run off and sell this thing are you run off and never return with it. And then, you know, we get them back at a very high more 90 percent rate. When you look at kinesiologist doing research that involves FitBits and stuff like that the client participants always get them back in a 95 percent rate. So yeah I mean clients feel, particularly if you provide a phone to them they feel a particular level of commitment. But also I think that we've got to think a little bit

more about how we communicate with clients. And you probably tell doctoral students this all the time so I'll tell doctoral students find somebody that's got a reasonably big odd name in the area that you're interested in and introduce yourself. And even if you don't have anything going on with this person pay attention to it when they either have a public appearance someplace or a paper that comes out in a journal just send them "Hey I saw your journal article come out last month in Social Work." And I think that that's the way we to start engaging with clients and that would be how is it that we have just casual engagement that is almost the signaling out and that's what the smartphone is really good at. Just the signal out that says hey we're here and we know you're out there. You don't have to do anything else with this. And then if I don't ever hear back from you at all I might then start to wonder a couple of things. This might be good measurement. Have you left the area? Have you actually experienced some level of recovery? Have you found a new provider or have you ended up in jail? Have you ended up on the streets? I've given you the positives, but there's also the negatives and that would allow agencies which one of the biggest issues in I think chronic and health care and mental health care is what happens over long term or over long periods of time. If you're not getting a signal back and I've sent you every three months for a year and a half text messages saying "Hey Chris, how you do?" And then I might start to follow up and just see what's happened. Does that make sense?

[00:21:36] Yeah it does. It does. I'm wondering on the agency side. So many of our agencies are on shoestring budgets and agency staff may not have access to technology. And I'm wondering from our end as educators what can we do or how can we as educators help to bring some of the nonprofit agencies forward when it comes to working with their clients? What can we do to help them out?

[00:21:55] I think we've got to help them overcome some of the perceptions and so one can, even if you have low access to technology and your agency the phone that we're on today for this interview is my personal phone. And I find it hard to believe at this point that any master's level clinicians or case managers working in the health care or mental health services doesn't have a smartphone. And the cost to us for these phones has become relatively cheap. And to be honest with you, one of the solutions that I saw in the banking business if you went back 10 years ago and there are still some banks to hold on to this is the juggle of multiple phones, right? So I have a BlackBerry and literally people are using something don't five year because of the security, right, the bank would ask you use a Blackberry and then you could use the BlackBerry for personal stuff. The bank didn't care about that, but it was a miserable phone it was a miserable system. And so often times people got an Android or an Apple phone that was personal and then you would find yourself carrying around multiple phones. So I think that we've got to figure out what's the balance here, right? I don't want all the clients I work with having my personal cell phone number. But there are ways to block that and still use the technology, right, to communicate out with people. So I don't know, Robert. I think that's a very hard question. I'll give you a one example. So a non-technology based piece of research right now is with older adults who have been financially exploited and I have my phone number, my office number actually attaches to my private phone number, my cellphone and that office numbers on the IRB information, right? And so a lot of these clients, because they feel isolated much like the mothers we're talking about and they don't have any other body to talk to, this is the first time I've ever had this happen, are calling me all the time with their questions.

[00:23:41] Really?

[00:23:42] Yes. I mean I've collected, I tell my students this, I'm a primary data collector predominantly. I've probably collected data for more than 5000 people in my career. I've never had this happen where I've had participants at the conclusion of participation come back to me with additional questions that are beyond the purview of even the research project. So I think even my suggestion like we have these things are not really technology poor. How is it that we use the

technology that we have that's personal. Without it becoming some gigantic public nobody wants that huge crossover. So that's a very nuance and that's a very nuance question.

[00:24:17] That makes me wonder, with that in mind, how should we as educators work with our students in their work with clients when it comes to smartphone technology? I could see some of the same things happening with clients trying to track down students who are in field placements and students having some difficulty perhaps a boundary making. And what should we do about that issue?

[00:24:35] U of Buffalo is a leader and Nancy your Dean is a very committed to these things as well. I think we've got to spend more time in the classroom talking about it. So one of the things I do is I do run a Twitter feed and see all the social media I do and I read it in association with my mental health policy class. And so if you go see my Twitter feed which is @crlarrison, and you'll find that it really does fit with the class. And so I'm able to then not only use it as a way of conveying articles and other information that I'm finding that's related to mental health services out in the world but I'm also able to say this is an example of how a professional feed might start to look like or how you might leverage a social media platform in a way that's professional when you're very used to leveraging these platforms as personal kinds of things, right? So it seems like every students kind of Facebook page and when you ask them what do they use it for, it's for friends and family.

[00:25:28] And I know some people some of my colleagues even have two Facebook pages in order to assure that they're able to keep that which they want to have private with friends and family just that, private. And then others they can engage with the students and other professional interest groups that they're doing work with. One final question here, in what direction do you see your research going? We've talked about doing research with mothers living with peri-natal mood disorders and helping them build a sense of community. That is something that I'm very on fire and jazzed up about as I know you are. What other directions do you see your research going when it comes to smartphone technology?

[00:25:59] I think it's just continuing to build on this idea of looking at the phone as the pocket computer that it is and how do we really create sophisticated users both at the professional end and at the client end that gets the best out of this technology. Rather than what's been our very narrow focus on, say like, let's create an app. And I keep thinking to myself I'm a social worker. I'm never going to be a technologist in terms of like an ability to create an app. But if I'm working with technologists I can sort of come to understand how best to leverage this whole system. Which is also classic social ecological model. I look at the phone as an ecology. And so today most of technology hasn't been that way. It hasn't been looked at at as an ecology or the pocket computer. And I'm also old-school, you and I are the same age right, we remember reruns of Star Trek which are of close proximity to their creation, Right? And you think about that, they were carrying pocket computers and those things did all kinds of things and that was the vision for the smartphone. So how is it that we get back to that vision rather than this very narrow vision that we've seemingly pursued? So that's where I think the future lies. And I think it opens it up to all the questions you asked like so how is it that we started to teach students this and do we bring in technologists that help us learn this or do we partner with technologists and do we see code classes do we see more partnerships with computer science departments. Where is it that we see this building and my hope is that we're not trying to do this ourselves just as professional social workers.

[00:27:32] Well Dr. Chris Larrison, thank you very much for joining us today. Wonderful podcast and I look forward to seeing where this research goes and how it helps to lead us and where I work with clients and in our work with students and agencies. Thanks very much.

[00:27:45] Thank you, Rob. Really a pleasure.

[00:27:47] So long now.

[00:27:48] Bye.

[00:27:48] You've been listening to Dr. Christopher Larrison discuss the use of smartphone technology and apps to help people manage mental illness on inSocialWork.

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