

Peter Sobota [00:00:10] From the University at Buffalo School of Social Work. Welcome to the Social Work podcast. I'm Peter Sabatier. Nice to be with you again. What are the grand challenges for social work? Is harnessing technology for social good and a lot of people really like and are engaged by games. A podcast is born fun rewards, challenge feedback goals and measurable progress. A pretty novel and aspirational way to experience and view effective interventions for clients. Early literature suggests that these experiences are welcomed by consumers of mental health services and that there's wide acceptance of incorporating gamification into treatment experiences. Gamification is entering the therapeutic mainstream and increasingly being utilized in new options for mental health treatment and intervention. Today's guest Dan Kelly. LC us w has parlayed his long term interest in video games into adding increasing gamification into his clinical social work practice. Mr. Kelly will tell us about his career trajectory with gamification and speak about how he utilizes games as therapeutic tools to help his clients develop strengths, new skill sets and achieve their goals. He'll explain how he uses and refines evidence based practices with video games and virtual reality and assess some of the challenges facing clinicians who want to learn more about these creative interventions. Dan Kelly, LC Us W is a social worker in private practice at Game Wave Mental Health Services in Pleasant Grove, Utah. He's also a 2017 graduate of the UAE School of Social Work. Hi Dan, Welcome to Social Work.

Dan Kelley [00:02:00] Thank you. Thanks for having me on.

Peter Sobota [00:02:02] All right. Before I'm very eager to get going, but I'm going to kind of try and control myself here. And I make it a habit of asking our guests two things if they're social workers. I know you're a social worker. I ask them, you know, how they kind of found their way to social work? Usually the avenues are kind of interesting. And then I'm going to ask you, like how you came to our topic for today. You know, your interest in technology and therapy and gamification and virtual reality and all the things we're going to talk about today. But if we could, can you give us like a quick ride through how you found your way to social work?

Dan Kelley [00:02:44] Yeah, sure. You know, if you asked me that question when I first got into the field, I would have said it kind of happened by chance. Is a.

Peter Sobota [00:02:56] Social and MSW application just dropped out of the ceiling.

Dan Kelley [00:02:59] Yeah, Yeah. All right, all right. I got it. All right. That's fair. Yeah, the, you know, the like, at the time when I was in undergrad, I. I found myself needing to find an adjacent major that accept my credits. So I decided to go with Health and Human services, community mental health. And I needed to internships to graduate from that. Yeah. One was exploring universal design. Yoga is mental check. Gotcha. It was cool. I learned the power of mind, body connection and resilience. And I met an author and the yoga instructor who's Matt Sanford, whose work was foundational to universal design yoga. And, you know, his story was is transformative experience, learning to live with paralysis from the waist down after an accident at 13. And it's it was nothing short of incredible. And on the last day, my internship, I had the privilege of taking him on a tour around campus and going out to lunch with him one on one. And he gave to me a simple truth I believe had quite an impact on me that led me down this path toward social work. It was there the power of stories and being seen. We sat down for lunch and he asked me, What did you say? He said, Dan, tell me a story. I'm not going to remember your name if you don't tell me a story. Yeah. And so I told my story and that was an incredible

experience. The other internship. So it came down to crunch time to find one. And I had no idea what I was going to do. I was randomly introduced to clinical child psychologist Dr. Drew Messer. And he asked me what was going on in my life. And when I told him my Dilemma. He offered to take me on as an intern right there. All right. There you go. Yeah. So I interned with him at his private practice. Electronic Gaming Therapy, Inc. Yeah.

Peter Sobota [00:05:16] Yeah. It's all coming together.

Dan Kelley [00:05:17] Yeah. Yeah. And so there I was, introduced to the craft of videogames being implemented into therapy, and he fused it with a model of social information processing that he and his his colleague, Dr. Brian Moyer, and his wife, Liz, who's also a social worker, they they developed and refined this and then they fused the two together with video games and this, this beautiful therapeutic process that was used in so many different ways. And I shadowed them and participated in individual family group therapy sessions for a couple of years. And at some point, Drew asked me if you could play video games for a living and help people, would you do it? I was like.

Peter Sobota [00:06:04] Etc.. Rhetorical question.

Dan Kelley [00:06:06] I did. Yeah, yeah, yeah. And so began my journey to this awesome field of mental health. And, you know, that's the story I've told myself and other people when they ask me that question. How I got into this? And, you know, now, looking back on my life, it's also apparent, you know, my my life experiences, my traumas, the hardships I faced, the roles and the relationships with friends and family support. I had the Jewish community being raised in that. And, you know, the sports teams, my growth, my successes, my love for videogames, all of that. You know, it's it's clear to me I didn't just fall into this line of work. This is my man.

Peter Sobota [00:06:51] And your love of music.

Dan Kelley [00:06:54] Yeah. Yeah.

Peter Sobota [00:06:55] Our viewers cannot see this, but Dan is sitting in a room where there are a half a dozen guitars and a keyboard, and I don't. I can't see what else that might yet, but that's. That's quite enough, so. Well, thanks, Dan, thanks for. Thanks for playing that. It's great how these stories always make perfect sense in hindsight, but in the moment it at least for me, it sometimes felt like floundering. But it was not. It all somehow comes together. So thanks.

Dan Kelley [00:07:31] Yeah.

Peter Sobota [00:07:31] All right. Are you ready for. For the. For the chat?

Dan Kelley [00:07:36] Yeah.

Peter Sobota [00:07:37] Let's do it. So we're, you know, we were planning on talking about gamification and therapy and the use of virtual reality, but, you know, especially for people like me, I think it would be helpful to lay out the kind of the playing field a little bit and just talk about a couple of definitions. So we're on the same page. So I want to start by just asking you if you had to define gamification. You know, for me.

Dan Kelley [00:08:12] How would you do that? Yeah, sure.

Peter Sobota [00:08:15] I think I kind of know what it is, but let's see how that let's.

Dan Kelley [00:08:18] Yeah, yeah, I'll start, General, and then dive into the therapy. So in general, gamification is it's taking elements of game design and applying it to the human experience that lies outside the virtual world or the general arenas of play. It's a pretty versatile term. And I say that because depending on how you conceptualize it or how you're talking about it, Yeah. Which I'm all about, is greatly influenced by whatever field you're in, whether it's education, medical field, mental health, social work, psychology, business, marketing, social media, whatever. Gamification, to me can be a perspective, an action technique, strategy, a process, a design framework for a system. No matter how gamification is being used, thought about or discussed. The common denominator there. It's a system. Borella. Yeah. It's this the purpose of increasing motivation and engagement to influence or change behavior with an aim of achieving a particular outcome you have in mind? So that's general now, you know, going into therapy, like, I define gamification as the art of taking elements of game design and bringing them to the client's outside world for application and practice and new skills.

Peter Sobota [00:09:49] So, Ruby, if I could, I may ask a number of silly questions. So this could be the first of them. So, you know, when I think about this, not. I haven't done so. That's what everybody should know. I'm I'm asking about things that I literally haven't done. And I'm not a gamer, per se. I've watched I have adult children. I remember watching them do the stuff, but I remember I just couldn't even hit the ball on a baseball game. And I just said, Alright, enough of this. So when it comes to therapy, ah, you mentioned motivation. I can see how that would, how that might motivate people to even try therapy. But also doesn't the game itself attempt to increase the participants motivation? Yet by adding, I guess what I have in my head is that you, like you win prizes, accumulate points and things like that. Am I. Am I thinking about this correctly?

Dan Kelley [00:10:53] Yeah, yeah, yeah, yeah. So when it comes to game designers. They're. They're incredible men. I believe you. Yeah. So I was looking at, you know, years ago when I first started getting into this, I found these guys, Granite Global and the Anglos. They had this article on the benefits of video games, and they talked about game designers and they describe them. And I'll take a quote from that and they said, Ah, you know, game designers have mastered the art of pulling people of all ages into virtual environments, having them work toward meaningful goals, persevere in the face of multiple failures, and celebrate the rare moments of triumph after successfully completing challenging tasks. Yeah. And that they use failure as motivational tools and provide only the intermittent chances of large success, large scale successes. And these are the kind of limiting reinforcement schedules that are most effective for training new behaviors. And they and game designers, you know, they they. So I looked a lot into game designers and in the in the deep dives that I've done into the literature and the research and podcasts and even masterclasses, you know, they talk about how the, you know, big portion of this when they're creating a game, they're looking at player psychology. They call it player centered, which, you know, I'm thinking client centered, right? Right. And, you know, they're using psychological concepts almost religiously. You know, you're looking at games that are fueled by things like Maslow's hierarchy of needs. Sure. They're using operant conditioning there. There you have times where they're looking. They use Freud's theories, personality. And they're doing it well.

Peter Sobota [00:13:04] Like, we should be surprised about that.

Dan Kelley [00:13:06] Yeah, yeah, yeah. And so, yeah, they aim to have players, you know, they want the players to do certain things. And they also understand that players are not going to do what they're intending for them to do and they work with and they're working with sound designers to, you know, evoke particular emotions that they're trying to do these things. And it's wild what what they've accomplished together.

Peter Sobota [00:13:35] Yeah. Interesting. So in setting up the definitions, I kind of separated gamification and virtual reality. And that's not probably the most accurate way to think about it, right there, aren't there? Intertwined, I'm assuming.

Dan Kelley [00:13:50] I'd say so, yeah.

Peter Sobota [00:13:51] Yeah. So what's the nuance around virtual reality for folks who aren't clear what that might mean and even an application of the kind of the therapy world that you're discussing?

Dan Kelley [00:14:03] Sure. So virtual reality, is cutting edge technology that falls under the umbrella of extended reality. Or XR. It's. It's a headset that allows us to step into a three dimensional computer generated world or an environment that's interactive and controllable.

Peter Sobota [00:14:27] Interactive and controllable.

Dan Kelley [00:14:30] Yeah. Yeah. It's very immersive and it provides this profound sense of presence. Despite your knowing that you're in a virtual world or just playing a game. The level of immersion, the presence and embodiment, it's. It's so powerful. Your brain thinks what you're experiencing is real. And, you know, that comes with real thoughts, real feelings, real behaviors. And there's so much valuable information in that and even diagnostic information that we can gather when working with clients in these virtual spaces.

Peter Sobota [00:15:04] Okay. So we're going to get to some of this because this is where I think it gets really interesting. I have to admit, when when we first started to dabble with this stuff here at at UAB, you know, we were playing with the what is it the, the the little cardboard box that you put over your glasses. And that was actually kind of okay. I was surprised how okay it was, quite frankly. But then when you got the headset, now you're cooking with gas. So I do have some sense of what you're talking about.

Dan Kelley [00:15:35] So.

Peter Sobota [00:15:36] So you told us a little bit about when you moved toward video games and and gamification and VR and kind of how you got there. But I do want to spend some time talking about what you actually do, because I know a little bit I know that you. Yeah, if you could tell us about like what you're doing, you know, recently I know you were working in like residential settings, I believe, and then you moved into to private work. So if you could tell us a little bit about what you actually do and, and then what I really want to talk about is how, you know, you work with with trauma and how you combine established therapeutic models into what you're doing. So let me stop talking and get you talking about what is tell us what you do and then how you've like integrated some of these ideas.

Dan Kelley [00:16:37] Yeah, sure. So I can start. I'll start with kind of like just like an outline of what I'm currently doing. And then I think it's also. I think it's important to also talk

about how I got here more in more detail. I was. This has been evolving and I think it's helpful when clinicians, especially those who are just coming into the field to get to see like the evolution of how this can work for them in their theoretical perspectives. So so right now, you know, in individual therapy, you know, I'm. I'm using video games to do, you know, to strengthen the therapeutic alliance, building rapport, gathering that relevant information through play video game chats or, you know, enhancing the the case for relations. Right. And I'm doing strength based approaches in this kind of behavioral therapy scheme of therapy, trauma therapy with trauma focused CBT, trauma narratives, exposure therapy and and even Emdr arms with families, you know, looking at strengthening relationships, patterns, communication and dynamics and and groups. And before I. Now in private practice. I haven't been doing groups in a while, but you know, I was aiming when I was doing the groups I was aiming at developing social competence, emotional intelligence, communication skills, emotion regulation skills, impulse control, problem solving, skills development, that kind of stuff. You know, you asked me, you know, like how I'm doing this, right?

Peter Sobota [00:18:28] Yeah, like.

Dan Kelley [00:18:29] Like.

Peter Sobota [00:18:30] Literally in the most practical sense. And, you know, if if, if you can, if you can, you know, on the fly eventually maybe tell us a story about how maybe a specific case or a situation that I think be wonderful.

Dan Kelley [00:18:49] Yeah. Yeah. When I was doing work with Dr. Besser, I was doing gamification. I just didn't know it. Okay. And it wasn't until after grad school that was it. I was thinking about it. I was like, Man, it's gotta be more ways to do this. The way I was taught was a very structured approach. You'd always say the video game is the therapy. The therapy is the therapy. And there's there's truth in that. Absolutely. And it would come we would do the hard work first, and then we'd transition to games and there would be interventions within the gameplay itself. But I knew I had to find something else. There was more out there. And so I started digging and I found it was actually this, this podcast series that I found my first gold mine. You guys did an interview in 2014 with social worker Mike Lang was and he. I really liked what he had to say, and so I looked into him a bit. I saw he had a book, Free reset psychotherapy and video games, and I got like a quarter way through that book before I said, All right, I gotta reach out to this guy. And I started even before I did, I actually started tinkering around with some of the things that he was saying. And I kind of hit this this wall in a way. And so when I reached out to him, I, I asked him a question. I found him in LinkedIn. I sent a message. I was like, Hey, I'm working with teenagers, a residential facility, and, you know, like our whether your book. And I find most games that my kids for play consist of like default characters. And I went to that because he he talks about, you know, avatars and characters and how they can be harnessed in therapy. And so as I explained, you know, with one of my kids, I essentially exploring how he might be similar or different from Bruce Wayne Batman. And I was met with some hesitation to explore the topic. And in addition to him having some difficulty multitasking, you know, talking and playing. So I was wondering, you know, how might you approach barriers such as this? And his first response, he said, actually is because I think the barrier here, as I see it, is in the therapist. The patient winky face. Yeah. Yeah. Yeah.

Peter Sobota [00:21:50] Ooh. All right. Yeah. I've. I've had that experience. Well.

Dan Kelley [00:21:55] Good. All right. And so he went into something pretty important, and he was talking about how, you know, we therapists, we often have that we put pressure on ourselves to have therapy, be talking rather than play because we're dedicated to the evidence based practice and making sure that we're articulating that something meaningful is happening in session. Sure. And he shared some of his experience outlining a concept. He talks about his book, Unnecessary Obstacles, which is really huge. If you can understand gamification, that's understanding unnecessary obstacles is key. And I found this to be very helpful, validating. And then he asked me to super meaningful question that I'd like to ask you.

Peter Sobota [00:22:38] Okay. Here we go.

Dan Kelley [00:22:39] Yeah, here we go. He said, the question is, what comes up for you internally when you consider playing the whole session? Engage fully in the play and being with the patient or client playfully.

Peter Sobota [00:22:55] And what was the beginning of the question? I'm sorry? What comes up in me?

Dan Kelley [00:22:58] Yeah. What comes up for you internally when you consider doing this internally?

Peter Sobota [00:23:03] Let's see. Well, I like it.

Dan Kelley [00:23:08] I mean, I, you know, I.

Peter Sobota [00:23:10] I haven't been a practitioner now for over 20 years, so I spent, you know, I spent six years as a practitioner and I worked with kids and families. And I, you know, that that was a different world. I think in many ways, I'm not sure Pong was out yet, but I didn't see how I could talk to young children, especially in a meaningful way. I just knew that a lot of what I learned was not really built for them. So we would play, you know, we which I had a hoop, we would shoot baskets. Yeah. If if the if the child made the basket, we called it the control game. If if the child made the basket, the kid would be able to tell me something that I had to do within reason, like dance or jump up and down if I made the basket and we talked, you know, So I liked to play with kids, you know, the the high tech back then then was a game called the Talking feeling doing game. It was like a card game with dice. But I imagine it's much cooler now. So I like it. I enjoy it. But I have to admit, even then, my inclination was to think. Is this helpful or am I am I doing professional work or am I just hanging out with this kid and having fun? So I have to admit that I liked it. But I did wonder and sometimes I'm sure I held back from my supervision what was going on during my sessions with younger children and adolescents, to be honest with you. Did I answer the question?

Dan Kelley [00:24:50] Yeah. Yeah. Okay. All right. Great job. I think. Yeah. It's so, you know, both like. Yeah, this is. I can see this. This is exciting. This is. This sounds great. And also, I really. What are we doing here? Yeah. Is this actually helping? Right. It's.

Peter Sobota [00:25:08] It's fun. This is supposed to be fun.

Dan Kelley [00:25:10] Yeah. Yeah. This is a thought provoking question, right? It's beautifully designed and fun for me and helped me lift this curtain. Like, allow me to

access parts that were surfacing during sessions while learning the stuff and causing interference that, to me, were hindering the therapeutic process.

Peter Sobota [00:25:32] And I get Mike's point completely now. His statement? Sure.

Dan Kelley [00:25:36] Yeah. Yeah. And, you know, like. I. A few years back, I worked with a psychologist who, you know, expressed intrigue toward, you know, how is using video games and VR therapy. He shared curiosity and concern. And he's like, you know, he's great. And therefore, as an analogy, as yours know, it's it's kind of like when you're getting a massage and you're on the on your belly and your face is inside the hole in the bench. And right when you're getting into it, some guy pokes his head and is right in your face and says, Hey, let's talk about your feelings. Yeah.

Peter Sobota [00:26:17] There you go.

Dan Kelley [00:26:19] And I felt like I was doing that, you know, like that's and it was it felt weird. It felt like a story. Yeah. What what's is this actually doing anything? And it's a very valid point. And I did that a lot when I first got into this. And I learned that behavior. It's an extension of my own unnecessary obstacles, my own transference, you know, the guilt of having fun, the anxiety and the pressure to do the work show that I'm doing it. Yeah, exactly. And going back to that, you know, that kid, I got that question. You know, I thought about it more seriously and I acknowledge what was going on for me. And, you know, I decided to try this out. Tried again. This kid had been labeled, you know, difficult. Right. And this was a residential treatment facility. And outside myself, he probably got along with maybe zero people. And we've been working together for, you know, quite a few months up to that point. So he opted to play Batman Arkham City again. And, you know, rather than try to force the talk and the questions and all that, I decided to engage fully in the play. And it was uncomfortable for it was very uncomfortable. But I was I was I was present with him. And to the best of my ability and what he was doing. And the first thing I noticed he had. He never used stealth to defeat his enemies. He went looking for brawls. And to me that was interesting because, you know, Batman, the world's greatest detective. Turns out he's. He's pretty stealthy. Yeah. Strategic. And that in a game, it tries to steer you in that direction. A lot of. Of using stealth. But he was just going in, you know, this race ready to go, dropping into enemies like like ten bad guys. And then I started seeing another pattern because he did a few times and I picked up on. He would go into the into the drop down into his group of enemies, and he would start mashing the hip button, you know, punching kick. And. You know, there's a button that's a counterattack button where you get like this kind of like spidey sense above your head and it tells you, hey, you're about to get clocked down or now or you're toast. And he didn't. Every single time with a punch, punch, kick gets hit in the face and punch, kick a kick, punch. Punch fights. Over and over and over again. And I said, Hey, man, I notice every time you're dropping into the trees, you're doing great in the hits and you and you're choosing not to block or counterattack when you're about to get hit. I'm curious about that. And he said, I don't care how badly I get hurt as long as I hurt them first. And, you know, let that sink in for a minute. And that line, I realized like, wait, hold on a second. This is parallel to what we were seeing on the unit during times of conflict and the the aggressive outbursts when both peers and staff. You know. He you'd get that sense that real or perceived threat sense. And instead of trying to get around that and avoid it in some way, you do you go at him first, usually verbally. You know, this fear based action and you know, or, you know, my interpretation could be off. And I don't truly know what's exactly going on here or if it holds meaning at all. And the only way of knowing is to explore it. But I. I put what he said and I thought, well, I was thinking to my back pocket for now. Right. Yeah. I kept watching him play. And,

you know, that was the first session that he left. Smiling, excited, making jokes. And, you know, but I couldn't help myself, man. Thought as I'm walking back to his unit. I brought it up while it was fresh. Not the right time to do it. Yeah, it was. I said, Hey, man, I was thinking about you said earlier, and I'm wondering if that thought plays out in other areas of your life. He paused. It looked at me with this smirk, wagged his finger in my face. Yeah. I was like, Ah, I see what you're doing. And it was the door on my face with a smile and then just laughed as he went back on the unit. It's wonderful.

Peter Sobota [00:31:24] That wonderful interaction.

Dan Kelley [00:31:26] Yeah, right. Yeah. It's beautiful. It's obvious if he thinks like one. He reciprocated. Organic. Yeah, exactly. Yeah. We're talking about what he's doing and feel like I was having to, you know, pry anything out of him. He. We were present together. He provided me valuable information about his internal world. And, you know, I learned that he wasn't ready to dive into that just yet. More of what was needed for that kind of conversation. You know, looking in hindsight, you know, I actually could have missed something. I could have actually had it all wrong. You know what? If you know the reason for the button mashing of just the hip, like like, I don't care how badly I get hurt as long as I hurt them first. What if that wasn't accurate? What if. What if that behavior that was indicative of lower cognitive functioning was actually because he just simply decided to blow through the game to talk?

Peter Sobota [00:32:20] That's right.

Dan Kelley [00:32:21] Yeah. That's the theory of the.

Peter Sobota [00:32:23] Game, right? Yeah. But it doesn't really hurt.

Dan Kelley [00:32:26] Right? Yeah. Yeah. You know, like. In that case, you know, or if that was the case, like why would he choose to do that? What are we looking to satiate? Immediate gratification? Is that a learning disability or with perhaps delusions of grandeur? Like there's so many things like that that could have been and the only way to actually figure that out is to have that conversation.

Peter Sobota [00:32:47] Exactly. But isn't it fair then also to say that if, you know, back in in my practice days, if we were playing a game or if I was drawing with a child or something, anything that would, you know, I would look at drawings and I'd have I look for patterns and sequences and themes. And I don't really see this as profoundly different, but I see it as as really client centered. And also you're it's, it's like the classic social work. Meet them when they're asked. I mean, if the kid digs the game play the game and let him tell the story that that's that's what makes a good game doesn't it. I don't know a lot about this, but a lot of the games have like ongoing stories, right? And options about which way to take it. This is a wonderful idea.

Dan Kelley [00:33:41] Yes.

Peter Sobota [00:33:42] That's a that's a great story. Very encouraging. What I what you just did and what you also I know when we were trying to talk you into doing the podcast, we chatted very briefly. And I what I learned is that. You don't necessarily use games designed by therapeutic types or, you know, these kind of games that have been manufactured or developed specifically for therapeutic purposes. Although you you have, I think, but you find that there's even maybe even greater utility in application in in using the

games that are popular and off the shelf and built for so-called, I don't know, entertainment, if you will. Do you want to could you say a little bit about that?

Dan Kelley [00:34:35] Yes. Yes. You're remembering correctly. I used I started with a commercial off the shelf games. And and there was a point a few years ago where I tried a mental health specific VR headset of a specific design for exposure therapy and developing coping skills. And I was pretty impressed with its capabilities. And its design is pretty sweet. It came with this device that could monitor the clients. What was going on physiologically, like after sessions? The software that came with it would produce a report that showed me, you know, what was happening with the client's heart rate. And when it also showed me like, it provided like a heat signature map for where the client was looking in that session. So I could see where the eye where the client's eyes were being gravitated to and like, you know, that would spark conversation. You know, like I was looking at the door because I just wanted to get out. And. You know, it was really cool. But, you know, after about nine months, I recognized that the commercial games, they were a far greater asset for me in the work that I do. Well, really, what it came down to was variety and options and what's financially reasonable. You know, only a handful of clients wanted to use that approach in therapy. Those that did choose that, they ended up changing their minds at some point for various reasons. And the headset started collecting dust. So to me, you know, in general, I see I see these tools as investments in myself and my clients. However, if it's going to be super expensive and nobody's utilizing it and it didn't feel like a right fit for me. Yeah. So, you know, if I wanted to like, call my skills and market myself as someone who specializes in exposure therapy using that particular software to do the work, then, you know, it might have been worth it. But that's just not how I want to roll as a clinician. It's not my style because like overall, I feel mental health specific games are more confining and they limit clients and therapists in their options to do this kind of work.

Peter Sobota [00:37:08] But even like maybe some of our old approaches and the limits we put on ourselves, right. That you were referring to earlier. So sorry, but you just rang the bell for me and I couldn't let that pass.

Dan Kelley [00:37:19] Yeah, yeah, yeah. So, like, you know, in the spirit of being trauma informed, you know, I like providing my clients with options. You know, offering games and apps that are familiar or exciting to them. Options of doing therapy, using or, you know, if they want to do something more traditional without games, let's do that. You don't want to put a headset on or there are plenty of people who you know. In the work that we did, they they didn't want to use VR because the fear of covering your eyes. Yeah. Trust issues, that kind of thing. And so, you know, the work would be gravitating to, hey, maybe we find a way for readiness for that at some point. How do we get to that point where you can put the headset on? Yep. Yeah, People like to do fun games that they're into over this mental health specific thing. Yeah.

Peter Sobota [00:38:20] Didn't makes sense to me. I can imagine that with with young people, adolescents, children that working with a, you know, a social work type or social worker proper that to meet a social worker who's fluent in the games, who's fluent in the lingo and who clearly values it as something important. Goes a long way toward building rapport and a certain degree of familiarity and trust. I mean, it's I I'm jealous in many ways.

Dan Kelley [00:39:01] But I think you're right. And I also think, you know, not only it's very helpful to have like that, you know, that connection is already there. I think what's even more important, if you don't have that connection, if the therapist is curious and puts the kid into the teacher position and has them teach them about games or a specific game.

Watches YouTube videos with them, talks about it, learns from this kid. That also will fuel the relationship just as well.

Peter Sobota [00:39:35] Yeah, great. And that's pretty much how I have learned almost everything about you by asking people for you to show me and to do it and kind of much like we're doing here today. So that's that's just perfect. So I, you know, I don't know a lot about this. I'm just going to throw this out and have you agree and elaborate or just fix my perception. But what little I haven't read a ton of the literature on gamification, but I have a little and I see some pretty good outcomes for especially the VR. I think most of them were VR and it's around depression and anxiety. You know, we don't have great outcomes with that with our traditional methods. So that's great to see that. You know, it's, it's distinctly different and better for some people. There are concerns that there's so much diversity, I think, of the what of of of how people do it that, you know, putting together right now a whole bunch of studies is probably not the best way to do it. And of course, exposure therapy seems in the VR world that just seems like a no brainer even to somebody like me. What are the other like? Are there limits to the applications? Are there the greatest hits of using this.

Dan Kelley [00:41:04] Side of.

Peter Sobota [00:41:05] Technology?

Dan Kelley [00:41:06] You know, that's a really good question. Are there limits? Yes, there are absolutely limits. And I think the limits are very much aligned with the clinicians training. You know, so there are things that can be done in VR. That I don't know how to do because I'm not trained in that particular modality. I have a story. Okay. Go. And this may crossover that question. But this is where the story is my transition into VR and therapy. So I. I got a VR headset. And I. I had a weekend with my kid. And, you know, we just had a blast that weekend. We're using the force as untrained Jedi and a game called Vader Immortal, controlling to defeat our enemies in a game called Superhot VR. You know, we're controlling time to do that and exploring the coolest places on Earth. And an app called Wander, just like Google Earth. Only you are immersed there. You are in it. And after playing superhot for a few minutes, it kind of hit me. I was like, Dude, this is this is the epitome of impulse control. Whoa, whoa, Hold on a second. And then within 30 minutes of of, you know, enjoying, exploring, exploring the earth, just going different places, you know, I had a holy moment. It's like I can take my clients anywhere. Like, I could go back to the worst places they've been, the worst memories they've had, the fond memories for trauma, for trauma processing, for building rapport, forgetting just kind of like a sneak peek preview into, you know, their life. Because, you know, when someone tells me a story, you know, I've got a you know, I fabricate whatever it is I see. And, you know, if I'm seeing a kid, I've had a kid who told me their story and I worked them for months. And like, I envision like this impoverished home. And that wasn't the case at all. I go back to it to work like the next week and I say this. I had to try. So I discussed my idea with one of my clients. At the residential facility I was working at who was aiming towards trauma processing that was open with him. He was like, to my knowledge, you know, there's no research out there of professionals exploring the fusion of this headset, this app and interventions for trauma, pressing from a processing specifically like this. I let him know that there is research on on VR exposure interventions and that he would be the first person I ever work with to try this out and that this would be new for me. You know, he was all for it. He really wanted to get the work done. And so we decided to try this out in the next session. So during the last five minutes of this session, I figured, let's be proactive. I had him find a nearby spot a few blocks away from the site where he survived

a gang shootout so that we wouldn't waste time finding it next session. Right. He found a familiar spot on the map that seemed nearby and he clicked on it and. Boom. He spawned right on the spot of the scene of where the incident happened. And. His. Body trembled for a moment and then he just rocketed into Firefly and we're talking raw, Amygdala, hypothalamus, lizard brain activation here. And, you know, I was late for my next appointment. That was the moment I realized, you know, don't. Don't do that. That's not proactive. That's a risk. And really, we tried using a container method to get back to baseline, but that didn't work. Mental imagery was not realistic at that moment. I didn't have Emdr Prime in my tool kit for desensitization to bring him back down. I didn't know what to do. And then I had an idea, you know, I. Suggested to do the container method through Minecraft. Are you familiar with Minecraft?

Peter Sobota [00:46:08] Am I? That's why I made a noise. Because it's one of the few that I know about. I watched it played and used endlessly in my own household. Yes. Not me though, as a giant, which I now regret. But anyway.

Dan Kelley [00:46:23] Yeah. I'm only trying to develop those executive functions. Go for it. So as I said, yeah, he was an agony, right, for, you know, cycling through this flashbacks. And so we tried to track you about this. We tried building his container in the sandbox, Minecraft. And my thinking was, you know, games have been found to temporarily alleviate symptoms of anxiety and depression during gameplay, capable of assisting them with returning to baseline. And my other thinking was, you know, if you make this container, then later on you might have more success of being able to access this container because rather than creating a mental image from scratch, he'll have an actual memory to fall back on something visceral. Yeah. Yeah. And so, you know, he was open to that, gave it a shot, and within a few minutes, his breathing slowed down to a normal heart rate. His body followed suit. His face slacked. He was, you know, concentrated on what he was doing, you know? Left brain activation right is, if I remember correctly, he wasn't able to complete his container that session, but he returned to his unit feeling much better. So, you know, in that session, I. I learned. Yeah. I greatly misjudged his readiness for that level of exposure. And, yeah, he wanted to process his trauma, and we're able to meet and we had to meet the client where they're at. And you know, he contacted for informed consent. But did we do enough resourcing skills adequate for being able to ground? No. And I realized I needed to examine myself a bit here. Sure. Internal things that may have contributed to obstructing my better clinical judgment. Yep. And aside from that examination, I also reflected on perhaps it's a good idea to consider proximity as part of the exposure process. You know, in into it. Dip our toes into the water first. See how it feels. The following session, we continued working on that container. You know, first activated his trauma response, you know, verbally and through guiding. And then we completed his build. It looked like a treasure chest and, you know, had a glass floor and live underneath. It encouraged him to tell me about it. And it was itself thoughtful, creative, and it held meaning for him. And because we because the Minecraft approach was pretty effective for persisting, grounding and returning back to baseline from fight or flight. We both had a level of confidence towards trying to trying the exposure again and we had some work to do first. And so, you know, the day came that he he stated and demonstrated readiness to reenter the VR headset again.

Peter Sobota [00:49:16] Now, are you still at the facility in this? Still in residential?

Dan Kelley [00:49:20] Yes. Okay. Go ahead, sir. All right. So and so this next time we went in, he lasted like ten more seconds before he had to take the headset off again. That was progress. So we continued, you know, returning to the scene of the incident. And I

say. I say we because I could see everything he could see through a projector. And as he went and we also had been on our preparation up to that point, we were also creating a trauma narrative. And. You know. You know, he would show me where he was and describe the detail of how things happened. And this was challenging for me because my brain, you know, very visual and imaginative as it is. You know, I. You know, I already fabricate scenarios and memories of trials and close traumas when they're sharing their stories with me. And now I'm actually at the scene of the crime like a detective walking through a red tape and observing the aftermath of the horrors that took place there. My brain is now putting the pieces together in a way that's more immersed than simply my own mental imagery. I'm there. And so and I learned I'm willingly inviting a higher likelihood of vicarious trauma. So when I'm doing this is paramount. I ensure that I'm in. I'm prepared for that kind of work. Being mentally prepared, Mostly prepared. Doing what I can to make sure that my window of tolerance is at an optimal level. Getting enough sleep, eating enough, you know, compartmentalizing these, having have skills, primed and ready, things like that. As we went through this, every single time we go in and he would add a little bit to his container, more detail. And you know, each session he was able to increase the amount of time that he was exposed to this trauma in this virtual environment. And there came a time where he later down the road, he transitioned from tradition to traditional mental imagery and was able to successfully ground on his own. And it was it really very much felt like like the use of Minecraft was kind of like training wheels to get that to actually achieve that. That skill.

Peter Sobota [00:51:40] That's a really authentic and and really helpful story. Thanks, Dan. And and good for you, too, actually. Good for you to remain open to learning.

Dan Kelley [00:51:54] Like.

Peter Sobota [00:51:55] In real time. We could all we could all use that kind of inspiration. So we are beginning to feel the tyranny of that. Or I'm feeling feeling the tyranny of the clock. And we knew this was going to happen, right? We we predicted this. But I do want to see if I can get you to talk. And you've you know, you may have feel you might feel that you have covered this already. But I can imagine that we're going to have some folks listening to this who are kind of like in in my learning curve or who have, you know, way more experience than than than I do, but don't know how to translate this into a therapeutic application. Do you have any advice or encouragement for people who want to learn more about this? And I know you followed a path that was both you took initiative with, and it was also somewhat serendipitous. But if you could yeah. Could you advise people who want to learn more and get better, or do you simply encourage them to play games themselves, especially if they have it first?

Dan Kelley [00:53:09] I mean, you've got every reason to be cautious. That's important. And I encourage you to take note from Yoda's book and be prepared to unlearn what you have learned. There's a lot of misinformation out there, whether it's media, personal experiences that I find this way or say, listen to podcasts. Read the literature and the research critically. Don't take it at face value. You know, look at the collective works. Be mindful of authors biases. Be intentional. Start with contemplating your own theoretical foundation as a clinician. The methods of innovation that you're trained and the things that you see as agents of change. And check in on yourself too, when you're going through this material. Notice if you find yourself seeking out if you're just seeking out the benefits or if you're looking towards the reasons for caution, limitations and whatnot. You know, be aware of your own biases and truths. Yeah. And look outside the realm of mental health. I know my understanding of this stuff skyrocketed when I started looking at game designers,

sound designers, and the gaming industry itself. You know, seeing that, like, the big picture. Yes. And there's plenty of biases out there, but there's also a lot of valuable information. That's very helpful. So if you know already that you're wanting to do this stuff, there are people now doing you trainings on this.

Peter Sobota [00:54:42] I wondered. Yeah.

Dan Kelley [00:54:43] And I very recently came across some of those and that's exciting. You know, do one see how you like it? Find other clinicians who are doing this, doing it well? Yeah. Reach out to them even if it's for just like a brief informational interview seeks supervision from an expert who's doing this talk cases.

Peter Sobota [00:55:04] Yeah, that's what I was going to say earlier. I mean, in most cases this is always helpful, but especially in this it sounds like having a trusted and open minded super supervisor. Who's invested in your professional development, not just your administrative adherence. If you had thought it would be a wonderful idea. Yeah. And so. All right, we're getting close, but I. Man. I don't know. I'm going to ask it anyway. You know, so we have to be careful because of time. But I'm curious if. If at all. You know, I is, is like the hot button issue right now is, is what is I going to do to this landscape? As it progresses.

Dan Kelley [00:55:56] That's a good question. You know. I again, like I said, I'm no expert on AI. However, I've been to experiences that kind of shape like how I look at that. You know, one is like, Have you ever heard of a Meebo? No. Nintendo have these little figurines are called amoebas. And there's actually like a an artificial intelligence and there's, there's one that's a sport specific for a game called Super Smash Brothers. And the it's a character that you can teach. It learns your and it and, you know, there's no limit it says it can go up to level 50 but it keeps going There's there's no limit and I would actually use those in sessions to evoke frustration in clients because they're like unbeatable. And we have to process emotions very like right there, raw in the moment. And I would team up with them against these A.I.. The other experience that I have with AI is there is this beta app in VR and there is an AI that had an avatar and you could talk to them, but I haven't. This was a few years ago.

Peter Sobota [00:57:25] I don't know. I was curious about this. Yep.

Dan Kelley [00:57:27] Yeah. But I had a conversation with this, with this AI and I felt like I was talking to a child using adult language, and I experienced some feelings and some thoughts and those were real. And I thought to myself, you know, there's probably application here and therapy of kind of exploring how this is being what this, what this is like for someone internally during or practicing conversations. If the if the AI developed to a point where it's kind of, you know, organic and fluid, which I mean, who knows when that's happening.

Peter Sobota [00:58:07] Probably soon would be my hunch.

Dan Kelley [00:58:09] Yeah. And then the other is, you know, we've playing games and therapy, you know, we're not, you know, if we're just watching them play the game. Yeah, we can, we can simultaneously take notes. And I don't exactly recommend that because then you're not really present, right? Yeah, but it would be cool if you and I know this is out there having an AI that would help with with developing a format for the now outlining what was discussed. That would be. Efficient. It would be efficient. Yeah. Yeah.

Peter Sobota [00:58:45] Well, Dan, here we are. Thank you so much. I. You know. Well, But before I kind of like draw the curtain here. I want to give you one last chance. Is there anything that we left out that you really want to get in before we say goodbye?

Dan Kelley [00:59:07] I did have a video clip for you.

Peter Sobota [00:59:10] Of the video clip. All right. Now, so okay, so how are we going to do this? Because, you know, this audio podcast, you're going to you're going to what? What are you going to do.

Dan Kelley [00:59:19] If we have the time? Green chair, show you the clip and then we can just kind of narrate what we're what we're experiencing, what we're seeing. You talk about the some of the other the strengths and the kind of the game, the case like practicing gamification right there, just kind of noticing what's happening from your point of view. Okay. And then I can share with you the things that I would look for.

Peter Sobota [00:59:42] All right. I'm game, I think. Let's go. So listeners will have to just listen to us and trust that we are watching something together outside.

Dan Kelley [00:59:54] Yeah. And I'm thinking of when I when I'm showing you this clip, I'm thinking about clinicians and I'm thinking about parents.

Peter Sobota [01:00:02] Gotcha. For those that you at home we're screen sharing here.

Dan Kelley [01:00:06] Okay. Can you see what I see?

Peter Sobota [01:00:09] I see two figures. Yes.

Dan Kelley [01:00:12] Yes. Okay. I'm going to press play. That's it. Yeah.

Peter Sobota [01:00:20] The things went awry there quite quickly. Okay.

Dan Kelley [01:00:24] So what did you see?

Peter Sobota [01:00:27] What's interesting is that to me that these are first of all, it reminds me of of Watchmen like a graphic novel. And there are characters in costumes. And in the beginning, it's playful. And even though they're kind of in this apoc, I don't know if it's a desert or there's some kind of structure in the background, but there it looks like they're amongst sand dunes, but they're dancing like they're at a wedding with hands in the air and they're shimmering and they're dancing together. And then quite quickly it changes into something more aggressive than like a battle. And then things get very hairy, very fast. I mean, there's I found myself I wasn't prepared for the shift, to be honest with you. I didn't think it was going to go. There was there was a lot of gunfire. There were explosions, There was electricity. There were cymbals happening. There was there was a lot of sensory things going on. And.

Dan Kelley [01:01:40] Yes.

Peter Sobota [01:01:40] Yeah. I don't know what else to say except that it is the. My quick impression is that it started playful. It got complicated and somewhat scary, I think, to be honest. Yeah. And I wasn't prepared for such quick transitions.

Dan Kelley [01:02:00] Right. It happens really fast, right? Now, the more that you, you know, just kind of like anything we adapt, the more that you play anything or do anything, the more you, you know, the faster you're going to know what to look for and this kind of game or any kind of game now. So. This guy right here. Wolverine. That's me.

Peter Sobota [01:02:26] What was that? That's Wolverine.

Dan Kelley [01:02:28] That's Wolverine. Yeah.

Peter Sobota [01:02:30] Is that another guy? Deadpool? Is that.

Dan Kelley [01:02:31] That is Deadpool, he says.

Peter Sobota [01:02:34] It takes me a while, but I'll get there. Okay. Got it.

Dan Kelley [01:02:37] And so, by the way, this game is Fortnite. It's a first person shooter game. That's what we're watching.

Peter Sobota [01:02:43] Okay.

Dan Kelley [01:02:43] And so we are dancing during a match, which typically doesn't really happen. We're just having fun. And then. Somebody comes up and they kind of disrupt our dance party, starts shooting at us. And so. This is what the player does. They don't run away from the gunfire. They run towards it.

Peter Sobota [01:03:10] Yes, exactly. Okay.

Dan Kelley [01:03:11] Right.

Peter Sobota [01:03:12] Wow. And so. Okay.

Dan Kelley [01:03:15] So they are. This is a risk. They're running towards the gunfire. This person's willing to take.

Peter Sobota [01:03:23] In the distance. Yep. I see them now. Yeah.

Dan Kelley [01:03:26] Right. And so he's jumping, dodging gunfire, doing it successfully and moving towards his opponent increases the likelihood that he'll get a shot. And as you know, this increase increases. He'll probably get shot. But it also increases the his possibility of actually hitting his opponent. This is spatial reasoning. Guy. Then he then starts sliding and he doesn't move his crosshair, like, wildly around. He waits until the person moves.

Peter Sobota [01:03:59] Right.

Dan Kelley [01:04:00] Into his. Yeah. Moves into a patient. And then he fires and he gets them. Unfortunately, he's got to reload. That's. That's a that's a crappy place to be when you're right in someone's face and you can't shoot them. And he somehow getting around things, not getting hit. And then again, check this out. The player, the other player jumps, and instead of following them wildly with his crosshair, he waits right under them until they fall into his crosshair. Goes again. Gets them. They jump again. And he waits right under

them again. Yeah. They go down, he comes in and he goes for the headshot that gives them XP which she can use towards getting achievements.

Peter Sobota [01:04:44] XP extra points.

Dan Kelley [01:04:47] Yes. Fair access. Experience points. Okay.

Peter Sobota [01:04:53] I see. Those are the points. All those icons and things. I see. Okay. Yes. Gold. Gold bars. Yeah. All right.

Dan Kelley [01:05:00] Guys. So. So this is you know, just to sum it up, you know, this this player's teaching me, you know, they've learned and understand the game mechanics better. Requires practice and a lot of failure. Right? Yeah. Tells me that this person has drive determination and resilience. Right? Because to get this good, you have to. You have to die so much. Yeah. They didn't give up. They have good executive functioning skills, spatial reasoning, problem solving, impulse control, creativity, that's all being present.

Peter Sobota [01:05:34] As opposed to wildly flailing around while the person's flying. You got it? Yup.

Dan Kelley [01:05:39] Yes. As in like, random. Like. Like shooting. Shooting, shooting everywhere. No, he was waiting. He knew when not to shoot. They're willing to take risks. They were able to adapt. When faced with quick changes and incoming information, there's focused concentration. That's all there. And they likely have goals and are motivated to accomplish things in the game because the way that because they they went specifically for that headshot, which they know is going to give them a ton of XP which they can use later on to get whatever skin or thing that they want in the game. Now, if you were to take a guess, how old is this player?

Peter Sobota [01:06:20] I wouldn't have said this at the beginning of our discussion, but I'm going to say 11 years old.

Dan Kelley [01:06:26] 11 years old. Not bad. This is my eight year old son. Wow. Now, now, for the record, I am not endorsing that young kids be playing Shooter and the streamer. Yeah. Okay. Yeah. Well, on that, it just happened to work out that way between going back and forth between his mom's house and my house and there was miscommunication, but I had I had a choice. Those, you know, tell me, can't play these games knowing full well he's allowed to play in his mom's house. Yeah. Or I can take what I know, help them develop cognitive and life skills while playing and bond with them. So I chose that route. And so we did this for a year, not in this game, but in general. He picked up on his skills and he got really good. And, you know, so what? So I went back and I saw this recording because when we're playing, I'm seeing it from my perspective. Right.

Peter Sobota [01:07:20] Well, you're also dad. Yeah.

Dan Kelley [01:07:23] Yeah. Right. And so I went back and I watched this, and I and I was like, Hey, dude, you know, come here for a second. And I showed him the clip, and, you know, I was like, Dude, you took a risk here. You were a patient. You waited. You know, you absolutely crushed it. I'm so impressed. I also said something that, like, I do my best and I just said something like, I do my best to practice. I said, I can't believe how much you've improved. It's clear to me how much effort you've been putting into this. Keep up

the hard work. And I see that in games when I'm working with kids or clients, you know, because when we say things like, Wow, you're really good at this, you're such a smart girl or whatever, whatever it is, you know, where it's coming from, the caring place that I have a place. But we're inadvertently placing a glass ceiling over them. And to promote a fixed mindset, you know, the message we're sending is intelligence are skills. It's an innate it's something that's fixed. It can't be improved when we're saying things like, Wow, you've worked so hard. You know, that's just the message of, you know, skills, malleable, something that can be developed and improved over time. And so the call to action for parents here is, you know, take the time to learn about your kid's game interest. You know, ask if they're cool or if if with you watching them play or playing with them, observe their strengths and skills. And then. Improvements that you see and highlight that it's empowering the feel supported, understood seed and you can help steer them towards developing a growth mindset. Yeah.

Peter Sobota [01:09:02] If I could. The other thing that I noticed well, the the thing that I noticed between my interpretation and your interpretation is really informed, I think, by my own lack of familiarity with this. My my biases, if you will. Yeah. And and really, I it was really quite limited. I think it limited me. And I did not see the things that you saw and I wouldn't have interpreted in the same way. So I think, you know, you kind of were very effective at making your point there. And yeah, I that was that was really helpful. I appreciate that. Thank you so much. I really appreciate you taking the time. I learned a lot and it was quite engaging. I really appreciate it. Thanks.

Dan Kelley [01:09:53] Thank you so much for having me. This was a blast. I really appreciate it.

Peter Sobota [01:09:56] It was. Thanks again to Dan Kelley for joining us. The team answering the call of duty to produce the Social Work podcast is Steve Sturman, our All Things tech guru, Ryan Tropf, our production assistant. And I'm Peter Sobota. We'll see you again in two fortnights everybody.