ABSTRACT

The present research investigated the use of a Smartphone App as an adjunct in the treatment of a range of anxiety disorders. The primary aim of the App was to increase client adherence to between session therapy tasks, involving homework practice of a range of skills and tasks known to be associated with successful treatment of anxiety disorders. Homework is an important component of many therapeutic approaches, allowing clients to practise therapeutic skills between sessions, as well as providing continuity between sessions (Freeman & Rosenfield, 2002). Greater client adherence to homework tasks has been associated with improved treatment outcomes, and may be particularly important for reducing the risk of relapse (Scheel, Hanson, & Razzhavaikina, 2004). However, despite the benefits of engagement with homework tasks, client adherence to these activities can often be a significant barrier to treatment (Addis & Jacobson, 2000; Burns & Nolenhoeksema, 1991; Detweiler & Whisman, 1999; Detweiler-Bedell & Whisman, 2005). It is also one area in which the use of adjunctive technologies may have the greatest impact. The aim of this paper was to describe the development and pilot testing of a therapeutic Smartphone application, namely, PsychAssist. This application was designed as an adjunct to face-to-face therapy in the treatment of anxiety disorders among adults. The App was developed with the purpose of enhancing client engagement and adherence to between session (homework) tasks to improve maintenance and generalization of therapeutic behaviours.

Keywords: Smartphone, Adherence, Homework, mHealth, Mobile Phone

1. INTRODUCTION

Technology is being increasingly integrated within the treatment of many mental health conditions (Barnett & Scheetz, 2003; Carlbring & Andersson, 2006; Donker et al., 2013). To date, the focus of these technological approaches has primarily been to reduce or even eliminate therapist contact by replicating face-to-face therapy procedures. However, many potential users of these interventions continue to report a preference for face-to-face modalities (Casey, Joy, & Clough, 2013). Additionally, there is considerable scope to improve outcomes within face-to-face treatment (Robinson et al., 2006; Taylor, Walters, Vittengl, Krebaum, & Jarrett, 2010). A range of technological devices may be used as adjuncts to enhance face-to-face psychotherapy practices (Clough & Casey, 2011a, 2011b). In particular, the programmable mobile phone, or “Smartphone”, is one such adjunct

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that may be able to considerably enhance current face-to-face therapy practices.

Programmable mobile phones, such as Smartphones, offer many advantages to researchers and clinicians. Smartphones often include features such as multimedia input and output capabilities, internet access, camera, global positioning system, voice and video calling, messaging, and ability to handle large quantities of data (Boschen & Casey, 2008; Clough & Casey, in press; Raento, Oulasvirta, & Eagle, 2009). These features make Smartphones a unique technological adjunct, in that the user often has a personal relationship with the device, with such devices playing an important role in the user’s social and interpersonal networks (Matthews, Doherty, Sharry, & Fitzpatrick, 2008; Preziosa, Grassi, Gaggioli, & Riva, 2009). These advantages make the Smartphone a particularly attractive option in facilitating the adoption, maintenance and generalization of various therapeutic behaviours into the client’s everyday life.

Research examining the effectiveness of the Smartphone as an adjunct to traditional therapy services is limited. Despite the large number of therapeutic Smartphone Applications (Apps) available, a recent review identified only five that had been empirically tested (Donker et al., 2013). These Apps targeted depression, anxiety, and substance abuse. The large number of Smartphone Apps commercially available indicates that clearly people do want to use Apps for mental health concerns. However, consumers need to be provided with options for evidence based Apps, which are limited, particularly with regards to those designed for adjunctive use.

Reger and colleagues (2013) describe the development of a therapeutic Smartphone App to be used in conjunction with prolonged exposure therapy. The App was designed to enhance client engagement both during and between therapy sessions. It includes areas to assist in the design of exposure hierarchies, audio record sessions or exposures, record homework adherence and track symptomology.

However, this App has yet to be empirically tested for efficacy, usability, or consumer acceptability. Furthermore, exposure is only part of standard treatments for anxiety disorders. An App that includes other components such as psychoeducation, emotion awareness and regulation strategies, symptom monitoring, and motivational exercises would facilitate integration of the App into the client’s entire treatment program.

Smartphone Apps have also been developed to assist in the monitoring of symptoms for clients with psychosis (Palmier-Claus et al., 2013) and as an adjunct to treatment for clients with comorbid Borderline Personality Disorder and Substance Abuse Disorder (Rizvi, Dimeff, Skutch, Carroll, & Linehan, 2011). Rizvi and colleagues (2011) found that their App “DBT Coach” was well received by participants, and was used regularly. Similarly, Palmier-Claus et al (2013) found that over a six day period, client use and acceptability was high for their App designed to increase personal monitoring of symptoms.

Initial research on the adjunctive use of Smartphone Apps appears promising. However, there is a need for Apps to be designed for transdiagnostic implementation. All of the studies discussed above describe the development and use of Apps for the treatment of specific mental health disorders. Yet it is unlikely that clinician uptake or integration of these Apps will succeed if clinicians are required to learn and become familiar with a different App for each disorder or treatment modality. There is a clear need for a more generalised App to be used across a number of common disorders, which can be tailored by the clinician to meet the client’s needs or goals for treatment. This is consistent with the current development of transdiagnostic therapeutic approaches (e.g., Ellard, Fairholme, Boisseau, Farchione, & Barlow, 2010).
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