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Mobile Phones in Residential Treatment: Implications for Practice

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ABSTRACT

A nonprofit primary care, substance abuse and mental health treatment provider that operates nine separate residential treatment facilities in both northern and southern California began allowing clients to keep their mobile phones while in treatment. From the advent of mobile phone technology and its widespread adoption through early 2013, the organization prohibited clients from having phones while in treatment. Calls to and from clients needed to be made and received at the house phone. After years of enforcing the policy with diminished success as phones became cheaper, smaller, and more prevalent, agency leadership decided to experiment with allowing the clients to keep their phones while in treatment. Elopement data as they relate to the policy are examined along with data from staff interviews about its implementation and impact. Results show that elopements resulting from being caught with a mobile phone were eliminated and some clients were able to be returned to treatment using the devices. All seven (100%) of the interviewees were supportive of the new policy and thought it should be continued. The impact of the policy on clinical disruptions, lost/stolen property liability, and confidentiality issues are discussed.

1. Introduction

The widespread adoption of mobile phone technology has changed how people communicate. Mobile phone technology has also had implications for the treatment of health conditions and is playing a role in emerging treatment techniques for various different conditions, including substance use disorder treatment, by providing tracking, education and support (Boyer et al., 2012; Gustafson et al., 2014; Hazelden mobile applications for the iPhone, iPad, and iPod touch, 2014; Marsch, Carroll, & Kiluk, 2014). Residential substance abuse treatment programs have also been impacted. As more and more clients began bringing mobile phones into treatment, the reaction of many facilities was to prohibit them because of the fear that they would negatively impact or disrupt treatment. For example, clients might use their mobile phone during groups or as a tool to obtain drugs. The current research examined the results of a change in policy regarding the prohibition of mobile phones for residential treatment clients at a large provider in California.

2. Background

Most residential substance abuse programs either restrict or prohibit client use of mobile phones while in treatment. A brief look at the Web pages for residential treatment providers will give an idea of the various policies. Many programs restrict the times of day that clients can receive calls at a centralized telephone shared by multiple residents. Some go as far as restricting who can call on the shared lines and when in the course of treatment they can receive those calls. Most do not allow clients to bring mobile devices at all and restrict Internet and email access as well. The same is true for publicly funded residential programs. One Website even proclaimed that "Cell phones serve no positive value in the treatment environment" (Recovery Connection, 2014). A niche market has developed for "executive recovery" programs for clients who need to continue to run a business while in recovery. One such program advertises on their Website that they are "mobile and laptop friendly" and that they have an "inclusive mobile phone and laptop policy." A closer look at the policy shows that the facility and the clients together "determine the appropriate time frame for these privileges" (Frequently Asked Questions About Hotel California by The Sea's Program, 2013).

There are several valid reasons for these restrictions. Mobile phones may distract clients from participation in treatment. They also hold contact information for friends and family and, in the case of those with a substance abuse disorder, contact information for people who may provide the very substances the client is trying to avoid. Programs believe that building a sober social network may be easier without ready access to friends and other contacts from a time when the individual was actively abusing substances.

In addition to disruptions in treatment, mobile phones have the potential to disrupt the "residential" portion of residential treatment. Clients usually share rooms and mobile phones can be a source of frustration if a client is talking loudly when his/her roommate prefers a quiet environment. Additionally, mobile phones are often expensive and can become a source of conflict, as can any other valuable personal property.

One of the more prominent concerns is client confidentiality and HIPAA. Most phones have video and photographic capabilities, so the

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threat of a violation of confidentiality is real. Prohibitions on the use of mobile phones seem like a good way to ameliorate all the problems described above. However, these policies are generally ineffective, require extensive monitoring to enforce, and result in clients losing the ability to effectively integrate technology in their treatment as numerous substance abuse interventions that require mobile phones are beginning to emerge (Boyer et al., 2012; Marsch et al., 2014). Hazelden has a series of applications for different mobile device operating systems (Hazelden mobile applications for the iPhone, iPad, and iPod touch, 2014) and a recent randomized clinical trial of a post-residential treatment recovery support application suggests that former residential clients who used the technology for support experienced significantly fewer "risky drinking days" than the control group (Gustafson et al., 2014).

Clients may also feel that relinquishing their mobile phone results in an unacceptable level of restrictiveness and negative impact on daily life such that they decide to defer treatment. Inability to contact family and other members of the individual's sober social network is another potential barrier to treatment. When clients are caught with an illicit phone while in residential treatment, they will often decide to abandon treatment, rather than relinquish the phone or accept any consequence for the infraction.

3. New mobile phone policy

Agency leadership decided that the negative outcomes associated with the prohibition policy and the difficulty of enforcing the policy outweighed the benefits of banning mobile phones while in residential treatment. A decision was made to terminate the policy and replace it with one that allows mobile phones.

The first part of the revamped policy was designed to eliminate departures wherein the primary cause was the possession of an illicit mobile phone. Because the agency collects narrative descriptions of each premature departure, there are data to suggest that getting caught with a mobile phone may result in the client abandoning treatment. These data are described in detail below. Completely removing the restriction on mobile phones was expected to eliminate all cases of clients leaving prematurely because they were caught with a phone while in treatment. Although there are no quantitative data to support the notion, the agency's intake director reports that, "There have definitely been instances of clients refusing treatment because of having to turn [the phone] in." Therefore, the elimination of the restriction was also expected to prevent clients from deferring or refusing treatment due to giving up what may be their primary interface with modern society.

In addition to the prevention of unnecessary premature departures and the elimination of one of the justifications for deferring or declining treatment altogether, clinical leadership also believed that the devices held the potential to successfully return clients to treatment after a premature departure. Simply giving the staff a mechanism to contact the client to ask them to return to treatment may reverse an impulsive decision or a lapse in judgment. Because a large proportion of the residential clients are homeless (>80%) they often do not have phone numbers on file with the agency. Nevertheless, homeless individuals adopt mobile technology at fairly high rates (Humphry, 2014). Because mobile phones were not allowed at all in the facility, when clients eloped the result was that no attempt to re-engage the client was made because there was no land-line phone number for the client and the facility was not privy to the mobile number.

Even in situations where there is a home or land-line phone number available, the likelihood of getting the client on the line after a premature departure from treatment is low. Before the change in policy, clients with mobile phones hid them and certainly did not share their mobile phone number with staff. Because the new policy mandated that clients share their number with the agency for the specific purpose of follow-up after a premature departure, those with mobile phones receive a call from staff encouraging them to come back to treatment and letting them know that they are still welcome at the agency.

The potential to re-engage clients after a premature departure was a key factor in the decision to allow mobile phones. As stated in the new policy, when elopement occurs, the staff attempt to call the client to let him/her know that they are still welcome to return to treatment. Staff members were trained on how to leave an appropriate message letting the client know that she/he was welcome to return to treatment. If the client responded within 24 hours, then she/he would be welcomed back to treatment without a discharge. The client would still be expected to accept clinically appropriate consequences for the departure and any substance use that may have occurred during program elopement.

Because of the interest in tracking incidents wherein the phone was used as a tool to return the client to treatment, staff were asked to complete another narrative form (Premature Departure Retraction Form) to describe these incidents, in addition to the narrative form completed upon premature departure. This process was implemented 6 months after the initial policy change.

3.1. Implementing the new policy

Agency leadership attempted to predict challenges prior to implementation in an effort to structure a written policy that would minimize drawbacks. Predicted challenges included enabling clients to make or receive "drug drops", confidentiality issues, group disruptions, roommate issues, and personal property liability. An early draft of the policy allowed no "smart phones", primarily because of their financial cost and the potential for loss, but also because of the Internet and photographic features. This became another barrier as most phones started to have Internet capabilities and most all have the ability to capture and store photos. It also precluded using clinically relevant mobile phone applications to aid in recovery. The restriction was quickly scuttled and the decision was made to allow clients to have any type of mobile phone while they were in residential treatment. The agency's current mobile phone policy uses general language to describe respectful use of mobile phones and allows individual program directors to modify rules regarding quiet areas, in-room use, and dictate other aspects of respectful use. The text of the current policy is as follows:

> Mobile phones are permitted in our facilities, but you must share the phone number with your Care Coordinator. Your Care Coordinator must document any mobile phone brought into the facility. Mobile phones should be used respectfully and kept on silent during groups and classes. Each facility has its own specific phone use policy. Please see your Care Coordinator for details.

Additionally, each client who wishes to retain his/her phone while in residential treatment must sign a mobile phone contract that outlines the appropriate uses of the device and consequences for infractions.

The current study addresses three issues. The first is the impact of allowing clients to keep mobile phones while in residential treatment. The second issue is how staff experience the change in policy and their impressions of the positives and negatives of allowing phones while in treatment. The third is whether the new policy facilitates client re-engagement because staff have a mechanism to contact clients after premature departure.

4. Methods

Because the organization has collected elopement data for years, there are extensive archival data to establish a baseline of the impact of mobile phone restrictions on client retention. Elopements at any of the agency's residential treatment houses are documented with a written narrative of the departure completed by staff. These data were examined for any mention of a mobile phone in the narrative wherein the phone policy was directly related to the departure. In total, 613