STAY Tuned Podcast Episode 14 with Lourah Kelly, PhD

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**Emily:** Welcome back to STAY Tuned, Supporting Transition Age Youth. This podcast is brought to you by the Transitions to Adulthood Center for Research at UMass Chan Medical School, Department of Psychiatry and in partnership with our research sponsor, National Institute for Disability, Independent Living and Rehabilitation Research.

I'm your co-host Emily,

**Mei:** and I'm your co-host Mei.

**Emily:** Today we are joined by Lourah Kelly. Lourah, do you want to introduce yourself really quick?

**Lourah:** Sure. I'm Lourah Kelly. I'm an assistant professor here at UMass Chan Medical School and I'm going to be talking about one of the grants I have that's funded by the NIAAA, which is the National Institute on Alcohol Abuse and Alcoholism.

Unfortunately, that's not the language that we usually use about, alcohol use disorder, but it takes an act of Congress to change the names of our National Institutes of Health. And so that's why we have this unfortunate name for our funding agency.

**Emily:** That's good to know. I didn't know about that.

**Mei:** [00:01:00] Sounds problematic.

**Lourah:** It is, and one of the, like, national organizations on Research on Alcohol recently changed their name.

So, instead of the Research Society on Alcoholism, it's now the Research Society on Alcohol.

**Emily:** Very interesting.

**Mei:** Yeah, language is important.

**Emily:** It is important.

**Mei:** Change is doable. Yeah.

**Emily:** All right, well, I think we could just jump right into it. So, your intervention utilizes cutting edge technology, and it's a new approach to mental health care for young adults.

So, can you give a brief overview, preferably in layman's terms, of what your project is and how you developed the avatar intervention?

**Lourah:** Of course. So, this is an avatar guided intervention that is for young adults who have alcohol use issues and suicidal thoughts who present to the emergency department.

 An avatar is, in this context, a digital health coach that can help guide someone through an intervention, give encouragement and [00:02:00] feedback; and people actually develop like an alliance or, like similar to a therapist in real life. They develop like a therapeutic alliance with their avatar.

 What this avatar does is it delivers cognitive behavioral therapy content to young adults in a standardized way. It's also meant to be able to be personalized. So, someone can change like, the hair, the eye color, some different features of their avatar to make it look however they want. It can be looking like them, like the user or the consumer, or it could look like what someone wants, like a therapist or, you know, a mentor or coach to look like.

Um, and really what the avatar is doing is making the information that you could get in like a self-help book just more engaging and interactive for a young adult, but it's also not necessarily replacing an in-person therapist. It's just that, you all may know this and like, live and breathe this knowledge, but it's really hard to [00:03:00] access mental health care, behavioral health care in the United States and young adults specifically have a lot of different barriers that make it harder for them to access good care.

And we also know, like, especially for alcohol use disorder, so many people aren't able to access any care all in the past year. They're not able to access specialized care specifically for alcohol use disorder. Um, and so like, for many different reasons, it makes sense to use an avatar to try and deliver some of that content, help people learn new skills to help them manage their drinking and suicidal thoughts and both of those things at the same time.

And then specifically for this age group who, again, have like, the highest rates of alcohol use disorder and suicidal thoughts and suicide attempts, but the very low, like, rates of utilization of behavioral healthcare for either problem.

**Lourah:** I can also talk a little bit about how we kind of came up with the content that's being delivered.

**Emily:** Sure, that'd be great.

[00:04:00]

**Lourah:** So, this is a two-part grant. So, there was a K99 phase, which is an advanced postdoctoral fellowship. So, after you get your PhD in clinical psychology, if you want to do research, you do what's called a postdoc. So, you still are a trainee, even though you have your PhD and have done, a clinical, like residency or internship for a year.

So even after that, you're still a trainee. So, I was a T32 it's called. So, I was getting advanced postdoctoral training in the treatment of alcohol use disorder at UConn School of Medicine. And I applied for a K99 R00. The K99 I was again, like 2 years in addition to that original postdoc that I was on to get even more specialized training in some different areas.

So, 1st, in like, avatar guided interventions and clinical trials with fully remote procedures virtual digital health assessment and the intervention itself and adapting [00:05:00] interventions for young adults specifically. And then I also wanted to do it's called ecological momentary assessment.

It's when you ask multiple questions throughout the day to understand the relationships between things that happen at different times. Meaning that someone may wake up and experience suicidal thoughts. Does that mean that they're more likely to drink or drink more heavily in the evening? And then vice versa, if someone is experiencing more, like, cravings or contextual risk factors for alcohol use,

they then have like worsening suicidal thoughts or increases in likelihood of suicide attempts. And the math behind understanding those relationships is really tricky. So, I got some more intensive training in the statistical analyses to,

**Lourah:** understand those relationships. So, during that time, the K99 phase,

I was getting more, more training and specialized mentorship to really support this project in my career. And then I [00:06:00] also was given funds for a formative research project to understand what should the content and features of an avatar intervention for this age group really be? So, to do that, we

did some mixed methods research, so both qualitative and quantitative research. So, I interviewed clinical experts who are like clinicians, therapists, licensed mental health counselors, psychologists. I interviewed emergency department experts, so like physicians, nurses. crisis intervention counselors. So, people who work in the emergency department and do like safety planning and suicide prevention.

And I also conducted focus groups or interviews depending on what people preferred with young adults with lived experience with the emergency department care for either alcohol use or suicidal thoughts or both. I also consulted with the Young Adult Advisory Board here within iSPARC within UMass Chan.

So, I asked lots of questions throughout all of these different groups to really understand what [00:07:00] content what skills should be presented to people to help them with their drinking and suicidal thoughts. What features, so how should we deliver that information? And then, kind of, are there any encouraging statements that the avatar should make?

 How should the avatar encourage people to use those skills? So, I kind of took all of that information together and I also did some other things too. There are existing cognitive behavioral therapy protocols for adolescents and young adults. And there are some specifically for people with co-occurring alcohol use disorder and mood disorders.

Um, and then the original avatar platform was designed by one of my mentors. Her name is Caroline Easton. She's at Rochester Institute of Technology. So, Caroline had designed - or, I had taken an in person cognitive behavioral therapy platform for adults with substance use disorders and intimate partner violence and I'd created the avatar platform as like a companion to in person cognitive behavioral [00:08:00] therapy.

So, we already had, like, where things go, um, and the look and feel of an avatar and some of the content areas. So, I, I reviewed that platform as well, but I also did a content analysis of all of the suicide prevention apps within the app store. So, myself, an undergraduate student, and a medical student all reviewed - I think there are 77 apps, um, for suicide prevention available in either Android or Apple stores. And so, we looked at, like, the content, the features, and then what was associated with downloads, so how popular apps are, and then also star ratings, which are kind of a measure of how, um, like, acceptable or how satisfied people are with those apps.

So, one of the kind of rubs of this. Formative work is that there were lots of ideas that people had for cool interactive features for how to deliver cognitive behavioral therapy content, but actually, when we did the suicide app [00:09:00] content analysis, we found that the apps that had more interactive and dynamic safety plans, they were actually rated more negatively.

So, I don't know if maybe there are you're more likely to have glitches if you have this like cool interactive technology, or it could be confusing, or people just don't like it. They would rather have. A safety plan be more, um, I don't know, something that they do in person with the therapist, or they might want it on paper, um, and then to go into their platform, or there's something about it that maybe it wasn't personalized enough.

Um, but that definitely made me pause in that, like, a cool interactive technology, is it actually the best way to do safety planning in this context? So that's one of the kind of considerations that we're coming up with now. It's also expensive to do these interactive cool features. So, if we're going to spend like funds on those things, [00:10:00] then we want to make sure that it's like, the absolute best choice to make. So that's a little bit about how the avatar platform came to be.

**Emily:** Yeah, that's really interesting. Thank you for, yeah, explaining all that.

Mei, you seemed like you were about to say something, sorry.

**Mei:** Oh, yeah. Um, because I was at one of your talks you gave, we call them an iSPARC-IL here. And you were talking about this intervention. Um, and I remember you went over kind of surprising or interesting things that the YAB or the young adult advisory board had to say about the intervention.

So, I was wondering if you wanted to talk about some of the more interesting things they had to say?

**Lourah:** Sure. Sure. Um, so I think. One of the things that came up with the YAB is that for the focus groups and interviews that I had done with young adults, I asked young adults to come up with statements of [00:11:00] encouragement or support that the avatar could say.

So, because I was already asking for that, maybe young adults were more likely to just say an encouraging statement that they would like to hear. But then when I asked the YAB a few people were like, I don't know if I want this avatar giving me encouragement. It feels maybe not so genuine. Um, and I think the disconnect was that I mean these encouraging statements, sure they're coming from the avatar, but they're also coming from young adults with lived experience, and they're coming from YAB members, so young adult advisory board members, they're coming from me. They're coming from, you know, decades of research and cognitive behavioral therapy. And we have protocols and examples of encouraging statements that therapists can give to their clients when they're working with them. To kind of balance the fact that we had gotten some information from our focus groups and interviews with young adults.

I didn't want to negate what they had [00:12:00] shared or like, what examples of encouraging statements they suggested, but I also want to take into account that the, I was like, I don't really know that I want to be saying this to me. It feels I don't know, it’s kind of. Was maybe a little bit uncomfortable to get encouragement from an avatar.

 So, we included some information about, like, where the avatar platform came from. And when you're hearing the avatar give you encouraging statements, it's really like it's coming from other people with lived experience in their age group. It's coming from the developers and all the people that gave input into the platform.

 So, it's, it's a statement made by the avatar, but it's really coming from, you know, lots of human beings that are actually alive, not the computer.

**Mei:** Yeah. I mean, that makes sense. Once you explain it, I think, you know, opening up any app, you always forget all the work that went into putting it together and how there was probably a [00:13:00] lot of intention that went behind a lot of the choices, whether that's like the hair color of the character, or, you know, the encouraging statements they say.

So, I think like, as any consumer, you never really think about those pieces first. So, I can see where that feedback came from. But, um, I also get what you're saying that there is a ton of intentionality put behind every piece of, of the app.

**Lourah:** Yeah. And I think we're going to change the type and when people are getting certain encouraging statements.

So, the, um, the YAB members had identified some encouraging statements that were around continuing to, like, persevere and put in effort, um, and I want to say they're like more broad, encouraging statements and we wanted to include those in our notification. So, 2 to 3 times a week, people will get a notification to encourage them to access the digital health intervention with the link for it.

And we'll include like, one of those broader, [00:14:00] encouraging statements then. But in the actual avatar app, we wanted them to be more specific because, I experienced this too. I would rather have a compliment or praise about a really specific behavior. And then we won't necessarily know if somebody is like using a coping skill right then, or, if they're going to use it in the future.

For example, somebody is encouraged to use any type of behavioral activation, which are like things that you do, um, that help, like, boost your mood. We won't necessarily know if someone then, like, goes for a hike in the woods on a Saturday.

but we will know that they just, like, practice and thought about the different coping skills that they could use and, like, considering them. So, we're giving that specific praise about the effort it takes and, like, the learning process and, like, kind of those specific things that just happened within that, like, 30 minutes or so, because each of the modules are about 30 minutes.

So, we're trying to [00:15:00] be specific in the praise and compliments that are given like within the modules by the avatar and then more broad and encouraging, which are examples of what the YAB said that they really liked during the notifications to help encourage people to use them.

**Emily:** Yeah, well, something that you said that I really appreciated was that the app isn't - it's like, supplemental to, you know, therapy with an actual therapist- it's not just replacing it. That was something that I was honestly wondering about while I was writing your questions and, thinking about how we were going to interview you today. I'm working towards becoming a therapist myself.

This is slightly off topic, but with everything with AI coming up now, it's, it's interesting to think about what the future is for our field and what AI and the avatars, you know, what role that's going to play in therapy.

So I really liked that you have specified that it's supplemental to therapy and it's not replacing the therapeutic alliance with your actual therapist, but it's in [00:16:00] between sessions or, you know, when you're not actually face to face with your therapist, or when you're not actually talking to them, you do get these little reminders and things to sort of jog your memory and keep you in that head space of ways that I can work towards recovery and here are reminders of what I'm trying to do.

And just having that throughout the week, I think is, is really beneficial for people, especially if you only see your therapist once a week or biweekly, or, you know, like, whenever it is, most people, um, You know, don't see their therapist that frequently, but like with an app, you can just go on any time of day, whenever you want.

 I think those notifications sound like they'd be really helpful, just having those little reminders here and there.

**Lourah:** And that's the beauty of digital health interventions. It's an intervention when and where people need it. Our phones are right in our pocket.

Many people have a tablet or laptop that they have with them like in their home all the time. So, it can really be something that somebody has access to more frequently and in the location that they need it. Which is different than an in person [00:17:00] therapist, or even, you know, seeing a therapist virtually too once a week.

And it's actually a really common concern. So Caroline Easton has shared with me that many times when she's talking about the avatar interventions. People are concerned that we're looking to replace in person therapists. Um, we're not, I don't think, um, AI will ever be able to replace a human being, especially in therapy.

That's so based on the alliance and a relationship with another human being. Unfortunately, we don't have enough therapists and I'm excited for the field, Emily, that we have people like you are in training. And even if we cloned you so many times, we still wouldn't have enough therapists. We've identified in the field can we take away some of the barriers?

Can we use some of our practicum hours during doctoral programs? So, during PhD programs, count towards licensure to help people move to licensure and then being, you know, independent therapists and [00:18:00] clinicians by themselves quicker. Even if we do all those things, we don't have enough people who are well trained.

And then if you need somebody who has expertise with young adults, whereas expertise with, you know, managing suicide risk and managing any type of addiction, alcohol or other substance use issues. It's really hard to find somebody, and not to be doom and gloom or anything. But there are so many counties in the United States that don't have a single psychologist that I think we do need digital health interventions to help bridge this gap.

And then if you take into account young adults, there's changing in living situations. People are more likely to be moving around. And so, they might move far away from a therapist, or move to an area that there aren't very many therapists who have this type of expertise. You have people who are having changes in their job or training.

And so, their insurance will change many people. They come off their parents [00:19:00] insurance to around this time or this age period. So, there's just like some reasons where for young adults, especially, I think we need to offer resources like this to help bridge the gap and like the times that they might have difficulties accessing an in-person therapist, or they just find somebody they don't click, and they get really discouraged.

Many of the young adults I interviewed and had focus groups with talked about that they think that one of the modules that we have on finding resources and finding support should do some myth busting that, like, if you have one therapist and you don't like them, it's okay, to try and find somebody else, and people don't get their feelings hurt and you just like, part of it is that relationship with somebody else.

So, it might take a couple of tries to find somebody that you connect with. And then that has the expertise for what, what you need help with.

**Emily:** Yeah, yeah, you bring up some really great points about, there aren't enough therapists out there and [00:20:00] even when you can access a therapist, there are still a lot of barriers in place and therapy is expensive. Like you were saying, in some areas of the country, it's really just not like, we're lucky here in, Massachusetts because, there's so many here, but, you know, like, I'm from the South and, like, in more rural areas. It is really hard to find therapists. And then, like, you're saying, you know, there is that trial and error period of finding one that clicks with you, um, and especially in young adulthood, I think there's, there are just so many factors at play.

 That was a perfect segue into the second question that we had, um, because, like, I know that your project focuses mainly on young adults who are struggling with both alcohol use and suicidality. So, I was wondering if you could explain the intention behind your project and, why specifically you were drawn to helping young adults in recovery?

**Lourah:** Sure. So why young adults? So why 18- to 25-year-old is because of some of the reasons I mentioned [00:21:00] with like difficulty accessing care and needing, a bridge between emergency department care and getting connected with an outpatient therapist. And then there's one study that suggests that young adults who have suicidal thoughts who we would think like someone who has suicidal thoughts, they would want therapist 30 percent of them.

Said they want to manage it on their own. They don't want a professional therapist or professional help. So that's surprising, even in this age group, because I feel like there has been a lot of, like. Reductions and like combating stigma and it's still not necessarily cool or like fun for people to go to therapy.

 So, it makes sense for this age group to have a digital health intervention and also make sense. After emergency department visits. So that might be a time where young adults are pretty motivated. I'm sure people get great care in our emergency department here. It's not fun to like, fall and twist your ankle or many people get facial injuries or other injuries.

So, it's not fun to like get embarrassed, and then have physical pain, [00:22:00] and then have either scars or like other damage to your body from drinking. so that might be a time when people might be motivated to have some reductions or harm reduction in their drinking habits. It's also can be a time where people are motivated to have reductions in their suicidal thoughts.

And people might not necessarily realize that alcohol use might be contributing to their suicidal thoughts or might worsen them. so, when I was interviewing ED experts, many of them, identified trauma as like a trigger or like an underlying mechanism for alcohol use disorder. And there's certainly some people who.

 are drinking to cope with negative feelings or traumatic memories or, um, other, like, internal experiences, like thoughts and feelings that are not comfortable. but for many people, drinking in young adulthood is a time to try and connect socially, make friends, engage in, romantic [00:23:00] relationships or other types of relationships.

so, we're trying to, combat something that it's. Like, developmentally normative, meaning that lots of 18- to 25-year-olds drink alcohol and maybe drink alcohol heavily. So more than what we would prescribe or like, say, is a safe amount. and there could be this disconnect where people are, if they have suicidal thoughts, they can be particularly vulnerable to engaging in suicidal behavior when they're intoxicated.

 It's a dangerous mix really. So, drinking when somebody. Experiences, suicidal thoughts, and then when they are in a suicidal crisis, it's a bad mix. So, it makes sense to intervene on these two things at the same time. So, intervene and try and help people with their drinking and suicidal thoughts at the same time.

So why would drinking be related to suicidal thoughts and vice versa? there are a couple of theories that I, used to support my grant application. And part of it is that. Some people might have like [00:24:00] vulnerabilities to alcohol use disorder and then alcohol use disorder makes them more vulnerable to suicidal thoughts and attempts because alcohol use disorder people are more likely to have like conflicts with friends or family or peers or romantic partners.

They're more likely to have difficulties at work or training and get fired or not really perform well at work or at school. And that's a really important developmental thing for young adults to do. And then somebody is vulnerable to suicidal thoughts. So, say they have a mental health condition or who just experienced suicidal thoughts without having a mental health condition.

It's a really a painful experience. And so, someone may be more likely to drink alcohol or drink alcohol more heavily. Or just have difficulties when they're intoxicated, with other people or, have like worsening of their mood or, their, their thoughts when they're intoxicated. so, it's both like alcohol use disorder can precede suicidal thoughts and attempts, [00:25:00] and then suicidal thoughts and attempts can precede alcohol use disorder.

Um, and then this age group, so I did some work with a national representative study. a study that represents, people all from across the United States. And young adults, 18 to 25 have the highest rates of co-occurring alcohol use disorder and suicidal thoughts and then co-occurring alcohol use disorder and suicide attempts than other older age groups.

So, it makes sense that, even though we're saying, like, drinking is very normative, like, many young adults do drink and drink often and drink a lot it's still not necessarily safe for them. and it still is associated with more negative things like suicidal thoughts and attempts. there are some reasons, though, where, there's a lot of hope. why was I specifically drawn to young adults? I think I just naturally have the most hope for this age group. Like, they are. Going through like identity formation, they're figuring out [00:26:00] like what they want to do in terms of work and school and training.

 they're making new relationships and like, figuring out their purpose and meaning in life. you know, this is just like the time where if we intervene when people are young adults, they don't have to go through 30 years of addiction or 30 years of a mental health condition that they don't have, you know, the support or help that they need.

 I think of young adults as like, we can prevent, you know, a lifetime of maybe like a, a poor course when it comes to alcohol use and suicidal thoughts.

**Mei:** Yeah. I mean, prevention is not focused on enough in our country, at least. And I know that's one of the main points of public health care is focusing on prevention rather than fixing things way down the line.

I think it's incredibly important that you're doing this work and I do want to comment on like the social nature of drinking and whatnot and how it is such an important, maybe not necessarily important, [00:27:00] but it is a prominent part of coming of age, like your 21st birthday. That's huge. You get taken out,

you go like, wherever, bars and whatnot. And, like, it's not necessarily questioned, but I feel like lately on social media, at least on my feed, I'm seeing more and more stuff about, you know, young adults or maybe like younger millennials, focusing more on, being sober curious or I know mocktails are a big thing right now.

I don't know if you've seen any of this stuff online, but there's a lot more almost. Knowledge of how bad alcohol can be for you. yeah, I don't know. I just wanted to say that.

**Lourah:** Yeah, absolutely. doing like a dry January is becoming more popular. dry October is becoming popular too.

I'm not really sure why. I feel like January makes sense because lots of people have, New Year's resolutions, and if you're going to focus on your health and wellness, then cutting out drinking can make a lot of [00:28:00] sense. And I feel at least for my generation, I used to hear people say, well, like, well, I don't have a problem because I could quit at any time.

And I think when people realize that it might be hard for them to socialize without drinking, that can sometimes make them realize that, like, maybe I do have a problem with this, or maybe this is an issue for me. there definitely is more of a movement. I think too, it comes along with this, like being healthy and not necessarily needing to party hard and work hard, that was maybe a more idea for millennials and like Gen X.

Like if you get to work hard, then you deserve to party hard too. and I think. Younger millennials and like Gen Z are more, interested in wellness and themselves as an entire person, and not necessarily needing to drink and like conform to norms or expectations to drink alcohol.

**Emily:** Yeah, that's true. [00:29:00] Gen Z we're just like so tired, you know, you know, post pandemic too, it's like people aren't going out as often or at least I mean, people are, but I don't know. And I can really only speak to, like, my own experience too.

But, I. Personally, don't really go out as often as I would have in undergrad, I've also noticed Mei like you were saying, like, on TikTok I see people making like mocktails. And I feel like it is, small steps that are occurring to, kind of move away from alcohol use, for our generation.

 obviously, it is so ingrained in our society too, and especially for young adulthood and, college, you're, partying or all that type of stuff and I know people, have done studies about how in the US, especially it's our relationship with drinking as a young adult is, is different than say, in Europe, where you can start a little bit younger.

 there's more knowledge about it. And it's more normalized, which makes it less [00:30:00] taboo and less of you get to college and you just go crazy and go to parties and all that stuff. It's more normalized and just part of daily culture.

So, it's not as big of a like, um, I don't know. There's just not quite as much risk, but in the U. S. especially, we definitely do have an interesting relationship with alcohol.

**Lourah:** Alcohol use companies are not really restricted in terms of their advertising here in the US. And they are in other countries. So, when we are bombarded by advertisements for drinking that are like, if you drink, you will get friends, you will get romantic partners, people will think that you're hot and cool, it's, I mean, it's hard to combat those messages. With, like, reasonable information, like alcohol is a carcinogen and causes cancer.

**Mei:** Yeah, well, I feel like people are starting to take that more seriously, and I think you can even tell there's so many non-alcoholic companies coming out with their, like, Well, [00:31:00] elixirs and different mixers and potions and whatnot.

But I feel like that's proof in itself that there is a market out there and it's growing, I see it on my feed every day and it's definitely impacted me like you, Emily, I really don't go out anymore, but that could just be a part of growing up. I don't know.

**Lourah:** Do you wonder, If the pandemic, made people more aware of what's really important to them.

And I do think like friendships and peer relationships are really important to young people. and if you drink too much, you are more likely to forget that fun experience you might've had with your friends. and you're more likely to get into arguments. And maybe people are forgiving, and they forgive people the next day, but it is the case that if people are drinking less, or not drinking at all, they might be less likely to get into arguments with friends.

They might be less likely to be lonely. my younger sister doesn't drink and part of the reason why she said is because [00:32:00] I only have so much time with my friends. Why would I want to forget those experiences?

**Emily:** Yeah. Well, I mean, even what you were saying about, alcohol and suicidality.

I mean, when you think about like, alcohol is a depressant. And, you know, like with like hangovers and everything like it, it is definitely a vicious cycle of like drinking in hopes to feel better or in hopes to forget or like, whatever it is, whatever it's serving you.

Um, but then like. You fall into that cycle of like, you're feeling a little bit better, but then you're feeling a lot worse, you know?

**Mei:** I do want to say, I don't think we're trying to shame anyone for drinking. We’re just having like, an open discussion. I acknowledge it's, it's, it's been a key part in my development.

Like, I've learned a lot, I guess, of what not to do mostly.

but I mean, it's a societal norm at this point. But there definitely are changes being had around the conversation of, well, is this the best thing for you? [00:33:00]

**Lourah:** Well, and what's unfortunate, there probably are plenty of times where people, even if they have, you know, certain risk factors for mental health conditions or suicidal thoughts or attempts, they probably do have a good time when they're drinking sometimes, or don't have, you know, those conflicts with friends or negative experiences when they're drinking.

So, when you have those like positive experience, sometimes it makes it really easy. You know, to make decisions around drinking more drinking more often, it can just like we're saying, like, there, there could be some room for harm reduction now.

**Mei:** Totally.

**Emily:** Yeah, absolutely. Yeah. I mean, for me, I personally don't drink that often, but, like, I've definitely, been in that mindset of, like, because, I have, social anxiety, and then, like, if you have a couple of drinks, it's like, okay, maybe it's, you know, now it's suddenly easier to be social.

And, like, I know, like, that is. Very prevalent for a lot of people. there are so many, factors that can go into why people drink and, like, [00:34:00] how and why people, are predisposed to become addicted. there's just, there's so much there. And there’s so much, shame around, addiction, too, and so I think, having something like this project, this app is, really helpful for that because it allows people to sort of explore that at their own pace, and also, like, it's, like, isolated, but, like, not in, a unhealthy way, if that makes sense, where, you're getting some support, but it might not be, you might not be ready, or you might not be in the place where you can, fully commit to, like, Healing, in relationships with others, so it's kind of like a supplemental tool.

Like, you were saying where. You can still do something, and it might not be like, as daunting or as scary as like, other forms of treatment could be.

**Mei:** Yeah, I feel like we throw the term around, or the phrase around meet people where they're at. And I, I totally feel like that's what this app is doing. And any other sort of digital intervention [00:35:00] really

does aid with that. because again, accessibility is such a huge issue. But most people do have a phone on them at all times. some people may not feel comfortable trying to go through the process of finding a therapist or dealing with their insurance. And so maybe their phone is all they have. And so that really is getting at meeting the person where they are at.

**Lourah:** Well, and there are some really great national resources, but I feel like we haven't done a great job with marketing them. so, there is a national treatment locator and then, NIAAA so that National Institute of Alcohol Abuse and Alcoholism also has, a website that can help you figure out what's the best type of alcohol treatment for you and then helps you find, a therapist or a provider that fits your needs.

so, there's not just outpatient therapy for alcohol use disorder, substance use disorder, there's intensive outpatient therapy. there are like [00:36:00] residential programs that aren't necessarily 90 days or 30 days. Some are longer. Some are shorter. and there's, there's a lot of different options out there.

There's also things like warm lines, and hotlines. So, we have our national suicide hotline. So, calling 988. There are also other, like behavioral health. Services locators that you can call, a number that again, it's available on NIAAA's website and SAMHSA's website. That's the, Substance Use and Mental Health.

Services Administration, so you can call them anytime and ask for help with finding a therapist or finding treatment that's right for you, including like, community-based care. So that could look like Alcoholics, Anonymous or Narcotics, Anonymous or other, like self-help or mutual aid groups that are available like in people's backyards.

So, I do think it's like, it is really hard to find treatment. and I think it's hard to, it's hard to get the information out there that there are all these, you know, different types of [00:37:00] resources and supports that are available.

**Emily:** We should link some of those.

**Mei:** Yeah, I was going to say we should definitely put some of those in our description box.

**Lourah:** Yeah, I actually have this like resources page that will be in the intervention itself. I can share that with you. So, it's a list of national resources that are all free. and then some resources that are specific to Massachusetts to do either.

**Mei:** That would be awesome. Yes.

**Lourah:** I actually think NIAAA'a website is really good.

There's basically like, 10 questions you ask yourself and a provider to see if it's a good fit for you. And it's based on, what somebody wants, their current, drinking levels, or, Difficulties are having around drinking. so, they, they can kind of get a sense of whether an outpatient therapist once a week is a good fit for them.

There's also three FDA approved medications for alcohol use disorder. Unfortunately, less than 1 percent of people with alcohol use disorder actually use them. I'm not a psychiatrist, so I can't necessarily. prescribe anyone through [00:38:00] this podcast, these medications. but generally, like the side effects are not horrible they're well tolerated is what it's called. so, if somebody has an alcohol use disorder, and they're a young adult, and they're finding that, once a week therapy is not necessarily enough, but they don't want to do residential treatments where they, go away for a while, and have treatment, in the place where they're living, basically living at treatment for a few months.

**Mei:** Thank you for pointing that out. we'll definitely link them in our description box and, anyone who wants to check them out can, but I remember you were talking about budget earlier and how that has definitely been quite the obstacle for you and your team.

 do you want to speak on any other obstacles you faced or dive more into how budgetary constraints have been a little bit of an issue for you?

**Lourah:** Sure. So, I would say that, unfortunately, it was these like cool interactive features that [00:39:00] clinicians had thought of, and young adults had also thought of, that I just think are outside of the budget.

And I also, I worry that if we put like too many options and like bells and whistles, and if the intervention works as in, like, it helps people reduce their drinking and, reduce how often or how severe their suicidal thoughts are. We won't know what is effective. I mean, I think we'll have data on like, what parts of the intervention people are using more frequently,

 but I just want to be mindful that we like layer on this intervention in a way that then we can say, okay, this was effective for these people in this way. And I don't want to have the risk of what we found in the content analysis of publicly available suicide apps happen if we make it too complicated, and then it's not user friendly.

And so, people get kind of frustrated with it or aren't satisfied. ~~I also, um.~~ Just the nature of this grant mechanism is that I changed institutions. So, I had the K99 [00:40:00] phase that was 2 years at UConn School of Medicine and then move here to UMass Chan Medical School. And this part of the grant is 3 years and it's called the R00 phase.

And sometimes it's called a kangaroo grant because it's the K99 to R00. The kangaroo is amazing. and it's not easy to completely change institutions. I need to get like a new. Like, email address and all of, like, the technology things that come with it, putting in our surveys and things into REDCap, which takes a bit of time.

We're also doing, I mentioned briefly, like, an ecological momentary assessment piece of the study. So, asking people questions multiple times a day about their drinking and suicidal thoughts that takes a bit of time to put into, the platform that is doing the data collection for that. And then I'm hiring someone.

I, we have a new staff member who's starting in January. So, we have a new Clinical Research Coordinator III. I'm so [00:41:00] excited for her to start, but that's the other thing. It's been like a one woman show for a bit. And I, I have a Research Coordinator II so Morgan Rao here at UMass is on this project as well. but there's just any project ramp up.

There's lots of things. And then when you are transitioning to a new institution, it's not easy to just like up and move your life and then move all of your things. plus, for me, I was used to being a trainee. So, I had protected time to like, write papers and run cool analyses and get all this cool training.

 So, for me to now move towards having less time for like, manuscript writing, basically, yeah. It's a little hard for me, so I'm still just like carving out time to write papers and propose conference presentations. So that I think has been a challenge, but not, I mean, just takes a little bit of getting used to and getting the balance around the [00:42:00] different, activities of research, basically.

**Emily:** Yeah, that's a lot of moving parts, especially for basically, like, you're saying, like, a one woman show, but it's really impressive everything that you're doing and have been working towards. Yeah, I give you props for all of that, for sure.

**Mei:** It's really cool to see a snippet of, you know, the life of a PI here, because, I don't know, I feel like, our individual groups are so small and it's not always clear, you know, what a PI's day to day looks like.

So, I enjoyed hearing about that and also like major props to you.

**Lourah:** I don't even know how to describe a day to day because every day is different. there's all like the project ramp up things, but then I'm also co-investigator on two other projects that had been going on for at least a year. So, I was continuing to do many of the same types of things, and I kept those relationships, too. I think that makes any transition much easier in that, yes, I'm doing [00:43:00] all of these new things and, you know, meeting new faculty and staff and, forming new collaborations and things here at UMass, and I still continued, two collaborations and projects that I had from

before being a postdoc. So those are one is that Northwestern and the PI is Sarah Becker. So, she has an effectiveness trial of a parenting intervention for parents of teens and residential substance use treatment. So, I'm a supervisor on that study and then I, am a co-Investigator on the Collaborative Hub of Emerging Adult Recovery Research that's at Yukon health.

 And the PI is Kristen Zajac, who was also one of my mentors on both the K99 and the T32 when I was a postdoc, so just having those, relationships and continuing those projects has been, has been really great. It makes the transition easier.

**Emily:** Yeah, that's great. Yeah, you're, you're doing a lot and it all sounds like really important work.

So, yeah, I'm, I'm glad that we got to hear more about it. and our last [00:44:00] question, we were really just wondering, what are you hoping the outcome is going to be for this project? what are you hoping to see, you know, in a year or 5 years, what is the goal at the heart of this?

**Lourah:** Sure, so first we're doing a 10-person usability trial. So, usability is important for digital health research because we don't even know if people know, like, how to click on things or where to find stuff in a digital health intervention.

So, we have to pilot this with 10 people first, so 10 young adults in our emergency department. And then after that, we'll revise our research protocols, like our assessments, make sure they're not overly burdensome or annoying or frustrating or time consuming for people. and then we'll also change some of the content and like the things in the intervention itself, based on people's feedback and, you know, what they use or don't use or find helpful.

And then after that, we'll do a small randomized clinical trial. We're still trying to see feasibility, meaning that, like, can we even do this research [00:45:00] project? And do we get some, like, Preliminary signs of what is helpful and for who because if there are any aspects that people don't even use or say the intervention helps people with their drinking, but it really doesn't affect their suicidal thoughts at all,

we probably would have to like, boost up the, the intervention pieces that focus on suicidal thoughts. or maybe we do some, like, adjunctive part of it. Like, maybe there does need to be an in-person aspect to it, like accessing, like a coach to help somebody go through some of the skills. but really the hope for the outcome is one, that we are able to do this project.

That's part of feasibility, that we can do it. And then second, that it helps anyone with their drinking and suicidal thoughts. So, if 1 person has some reductions in their drinking, like, either how severe or frequent their drinking is the amount or some of the harms associated with their drinking, if anyone has reductions and how often or how severe their suicidal thoughts are, really, that is the goal is for [00:46:00] this digital health intervention to help alleviate some suffering in young adults. So, I think if it helps one person, I hope it helps everyone that uses it, but if it really, like, if it does a little bit in helping, with drinking and suicidal thoughts, that's really the goal.

**Emily:** That sounds amazing.

**Mei:** Well, thank you so much for taking time out of your day and stopping by to be on our little podcast. this was honestly a great conversation. I feel like we haven't touched on a topic, anything like this really. So, I'm excited for this episode.

**Emily:** Yeah. Yeah. It's great to get a bit more of an insider's look into everything that goes into, a project like this and just research in general in our field. it's a lot and it's very impressive. So, yeah, thank you for, for being on and for telling us all about it.

**Lourah:** Thanks for having me. The other thing I would end with is just like, this is always a team effort.

So, even though I was saying it was a one woman show for a little bit, and then we have, you know, help [00:47:00] from research coordinators, it was still, informed by all of our participants, our focus groups and interviewee participants. They're the K99 phase, all of my mentors. so, it is. It's a one woman show that there's one PI and it's definitely a team effort and a team support.

**Mei:** Yeah, I, I get what you're saying, but I mean, you have to facilitate all that and that in itself is a lot of work. So again, props to you.

**Emily:** If you would like to contact us, you can email us at STAYTuned@umassmed.Edu and check out the Transitions ACR website at https://www.umassmed.edu/TransitionsACR/. Thanks for being here and be sure to stay tuned for next time.

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