Office of Problem Gambling Treatment and Prevention
and the Nebraska Gamblers Assistance Program

E-therapy: Bridging the Gap for Rural Problem Gamblers - Summer 2014
Welcome! From:

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Why Distance TX/E-Therapy?

- Innovation out of necessity
- Are you already doing Distance TX/E-Therapy?
Important Definition

• By the way: Over the course of the last seven years the term has changed from distance treatment to e-therapy and currently Iowa Rural Health Information Technology (IRHIT) – essentially the same term

• What is e-therapy/distance treatment/IRHIT?
Important Definition

- What is e-therapy/distance treatment?

- Phone counseling
  - Iowa has used a speaker phone to allow a truck driver on-the-road to participate in group

- E-mail

- On-line chat

- Video conferencing group sessions

- Other?
Nebraska was an Early Leader in Providing Distance TX/E-Therapy to Rural Populations

The University of Nebraska-Omaha partnered with Nebraska State Probation, starting in 2006
2010
SAAS National Conference and NIATx Annual Summit

Using Technology to Promote Remote Recovery: Piloting Substance Abuse Recovery with Nebraska Probation

University of Nebraska at Omaha’s Consortium for Crime and Justice Research
Project Goals & Objectives

- To combine recent technological advances with innovative case-management protocols to
  - Improve supervision outcomes for probation clients and
  - Improve treatment outcomes for probation clients.
Step 1: Selecting the Population

Chosen Probation Districts: 1, 8, 11, & 12
Strategy 2E
Tx Providers trained in E-services

- UNO will pull research from other states with proven principles in effective eservices and technology use to train Nebraska-area Treatment Providers
- This training will also be to train and begin implementation of more advanced technologies to be used in Phase 3
Iowa Gambling Treatment Program

Distance Treatment Pilot Project began 2007

Thanks to SAMHSA-CSAT for their Support
SAMHSA’s Goals with Iowa’s IGTPP:

- Establish, support and evaluate a limited pilot project in a largely Frontier State
- Answer the question: Can this be replicated in substance abuse tx programs in largely Frontier States?
- Review research on e-therapy/distance treatment – is this safe and effective?

Frontier State?
SAMHSA Frontier States (as defined in section 1848 of the Social Security Act)

- (II) Frontier state defined.—In this clause, the term “frontier State” means a State in which at least 50 percent of the counties in the State are frontier counties.

- (III) Frontier county defined.—In this clause, the term “frontier county” means a county in which the population per square mile is less than 6.
Iowa’s Distance Treatment/E-therapy Pilot Project Overview

• Begun in 2007
• Prompted by a need to make gambling treatment services readily accessible to all Iowans and offer an expanded set of treatment options
• Providers elect to participate and establish their own policies and procedures
• Intended for low to moderate level problem gamblers but anyone may participate
Nebraska Began Training Staff

- Nebraska began training Problem Gambling treatment staff to use e-therapy in September of 2013

- Nothing formally implemented yet but experimenting on pilot basis and it has been very successful
Iowa Provider Feedback

- How Iowa providers view the program...
- Successful or failure?
- What the programs using it think are strengths and drawbacks
Rural Clients Have Problems Accessing Treatment and GA

- What other barriers are there to accessing treatment?
Rural Clients Have Problems Accessing Treatment and GA

What other barriers are there to accessing treatment?
- No access to transportation
- Handicapped
- Problems getting child care
- Work during hours treatment center is open
What Resources are Available to You?
Considerations for the Provision of E-Therapy
2000 Distance TX Pilot Overview

• A relatively new area of study
• Pioneered in 2000 by Dr. Hodgins at U. of Calgary.
• Findings: CB approach with self administered workbook and periodic phone contact was effective in significantly reducing gambling behavior at 12 and 24 mo f/u.
• Oregon, California, Germany have adopted book.
Brief Self-Directed Gambling Treatment

Brief Self-Directed Gambling Treatment (BSGT) aims to help adults stop or cut back on problematic gambling, which is often chronic and long term. It is designed for individuals who choose not to enter or are unable to access face-to-face treatment. BSGT uses a motivational interviewing and cognitive behavioral treatment model. Participants complete a 45-minute motivational interview by telephone with a doctoral-level therapist and then receive a self-help workbook through the mail. The goal of the telephone intervention is to help clients increase their motivational levels and confidence about making change, as well as to heighten interest in the contents of the workbook. The therapist uses a nonconfrontational style that elicits the participants’ personal concerns about their gambling involvement. The 38-page workbook, which contains specific and practical cognitive and behavioral strategies, features the following five sections:

1. Self-assessment, which focuses on increasing individuals’ awareness of the consequences of the gambling and situations that commonly precipitate gambling
2. Goal setting, which is designed to facilitate a cognitive appraisal of the perceived costs and benefits of gambling, with a discussion of abstinence or controlled gambling as a goal
3. Strategies, which includes five cognitive behavioral strategies, such as dealing with urges to gamble and eliciting social support
4. Maintenance, which is designed to help the individual prevent and cope with relapses, as well as identify other major life problems that may contribute to gambling
5. A section containing information on accessing other resources if additional help is needed

Optional booster calls with the therapist may be added at 2, 6, 10, 16, 24, and 36 weeks to reinforce the motivational processes that are established in the initial motivational interview phone call. BSGT is designed to be adapted to local treatment systems. It also may be used by gambling help lines or by gambling venue intervention specialists.
NREPP – Choices on IDPH Website:
http://www.idph.state.ia.us/IGTP/common/pdf/toolchest/choices_toolchest.pdf

CHOICES
A guide to understanding and changing problem gambling behavior
Quick Overview: E-therapy Research

What’s New?
And What is Gambling TX Specific?
Basics on E-therapy Research

- Generally, what do you think is more effective with clients?
  - Treatment as Usual?
  - Or
  - E-therapy?
Gambling-Related E-therapy

- Articles or Sources


Motivational Enhancement and Self-Help Treatments for Problem Gambling

- **Hodgins DC, Currie SR, el-Guebaly N.**
- Foothills Medical Centre, Calgary, Alberta, Canada. dhodgins@ucalgary.ca
- Two brief treatments for problem gambling were compared with a waiting-list control in a randomized trial. Eighty-four percent of participants (N = 102) reported a significant reduction in gambling over a 12-month follow-up period. Participants who received a motivational enhancement telephone intervention and a self-help workbook in the mail, but not those who received the workbook only, had better outcomes than participants in a 1-month waiting-list control. Participants who received the motivational interview and workbook showed better outcomes than those receiving the workbook only at 3- and 6-month follow-ups. At the 12-month follow-up, the advantage of the motivational interview and workbook condition was found only for participants with less severe gambling problems. **Overall, these results support the effectiveness of a brief telephone and mail-based treatment for problem gambling.**
- J Consult Clin Psychol. 2001 Feb;69(1):50-7
- PMID: 11302277 [PubMed - indexed for MEDLINE]
Hodgins DC, Currie S, el-Guebaly N, Peden N.

Department of Psychology, University of Calgary, Calgary, Alberta, Canada. dhodgins@ucalgary.ca.

A 24-month follow-up of a randomized clinical trial of 2 brief treatments for problem gambling (N = 67) revealed an advantage for participants who received a motivational telephone intervention plus a self-help workbook compared with participants who received only the workbook. Although the 2 groups did not differ in the number of participants reporting 6 months of abstinence, the motivational intervention group gambled fewer days, lost less money, and had lower South Oaks Gambling Screen scores. They were more likely to be categorized as improved compared with the self-help workbook only group. Overall, the results support the effectiveness of a brief telephone- and mail-based treatment for problem gamblers. (c) 2004 APA

Psychol Addict Behav. 2004 Sep;18(3):293-6.
Includes reference to Distance TX/GEAR:
Level .05 interventions are considered the least restrictive approaches and consist of either local Gamblers Anonymous groups or the Gambling Evaluation And Reduction (GEAR) Program.

Participants utilizing the GEAR program are mailed a manual for self-change and provided the opportunity to review workbook assignments with a counselor during scheduled telephone sessions. All GEAR participants receive 24-month evaluation and referral services.
Ethical Considerations:

http://www.adca-online.org/counselingpractices

Suggested Principles for the Online Provision of Mental Health Services - ISMHO Version 3.11

ISMH0 has endorsed these principles. This is the only officially endorsed version.

Online mental health services often accompany traditional mental health services provided in person, but sometimes they are the only means of treatment. These suggestions are meant to address only those practice issues relating directly to the online provision of mental health services. Questions of therapeutic technique are beyond the scope of this work.

The terms "services", "client", and "counselor" are used for the sake of inclusiveness and simplicity. No disrespect for the traditions or the unique aspects of any therapeutic discipline is intended.

1. Informed consent

The client should be informed before he or she consents to receive online mental health services. In particular, the client should be informed about the process, the counselor, the potential risks and benefits of those services, safeguards against those risks, and alternatives to those services.

2. Process

   a. Possible misunderstandings

      The client should be aware that misunderstandings are possible with text-based modalities such as email (since nonverbal cues are relatively lacking) and even with videoconferencing (since bandwidth is always limited).

   b. Turnaround time

      The client should be aware that turnaround time is longer in online mental health services than in face-to-face services.
IA Distance TX Checklist – Program Policies & Procedures:

1. Program commitment to follow distance treatment clinical manual.
2. Program commitment that distance treatment staff will have attended the distance treatment training or view the training DVD and review the material under the supervision of someone who has attended the training.
3. Written statement regarding what distance methodologies will be used, such as telephone, sending assignments by e-mail, setting up an internet chat-room for group, telephone conference call for group, etc.
4. Written statement regarding how the program will collect necessary client signature(s). Mail, FAX, etc.
5. A written statement detailing program security safeguards for handling distance treatment through telephone, internet, etc.
6. A program commitment to utilize the tailored intervention workbook adopted by the Department.
7. Program commitment to adhere to the International Society for Mental Health Online Principles for the Online Provision of Mental Health Services (www.adca-online.org/counselingpractices).

• Continued
8. A written statement that will be given to clients which will include how the following will be handled for distance treatment clients:

A. General nature and goals of the program;
B. Rules governing client conduct and infractions that may lead to discharge from the program;
C. Hours during which services are available;
D. Treatment costs;
E. Client rights and responsibilities;
F. Confidentiality laws;
G. Client privacy and counselor privacy;
H. Security regarding telephone use, internet;
I. Potential benefits and risks of distance treatment use, etc. and
J. Inform client of alternatives to distance treatment.
E-therapy Practice Considerations
From the Iowa Experience
Practice Considerations

- Match the client to the method
- Rapport and communication can make the difference
- Model: Workbook and other therapeutic assignments work best in conjunction with MI
- Tracking time and activity enables e-therapy clinicians to monitor progress

- Important: Ask clients what they are comfortable with
- Age consideration is a GENERAL rule! SASC
The Choices workbook is broken into 5 sections
1) Self assessment
2) Making a decision about gambling behavior/Goal setting
3) Strategies
4) Developing new habits and maintaining change
5) Dealing with relapse
Eligibility Criteria

Inclusion Criteria

- Clients must have the ability to read and respond to workbook exercises.
- Must be able to communicate via phone/email.
Eligibility Criteria

Exclusion criteria

- Unable to read or respond to workbook exercises
- No access to phone
- Current psychological/medical emergency and in need of crisis services
- Current untreated substance abuse or dependence
Eligibility Criteria

Exclusion criteria con’t.

- Chronic and persistent mental illness or learning disability that impairs their benefit from serves.
  - *In this case the client will be referred to for more appropriate services*
Lessons from E-therapy Provider Focus Group

Iowa Gambling Treatment Outcome System
Summary of 2009 findings
Advantages of Distance Treatment

- Choices workbook
- Ability to expand reach
- Flexibility
- Perception that current distance treatment clients are benefiting from the service type
- Lot of potential
Barriers to Distance Treatment

- What do you think the biggest barriers were for Iowa?
Largest Barriers to Distance TX

- What do you think the biggest barriers were for Iowa?
  1. Counselor buy-in, and
  2. Program buy-in
Other Barriers to Distance TX

- Lack of localized marketing
- Clients buy-in
- Clients not interested in using the internet
- Cost of mailing
- Technology issues
Ready to Try Something “New” in Your Area?

- Sometimes change can be difficult, even painful.
Contact the Presenters at:

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