The context of gambling treatment: towards creating an online service to reduce problem gambling

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The research team

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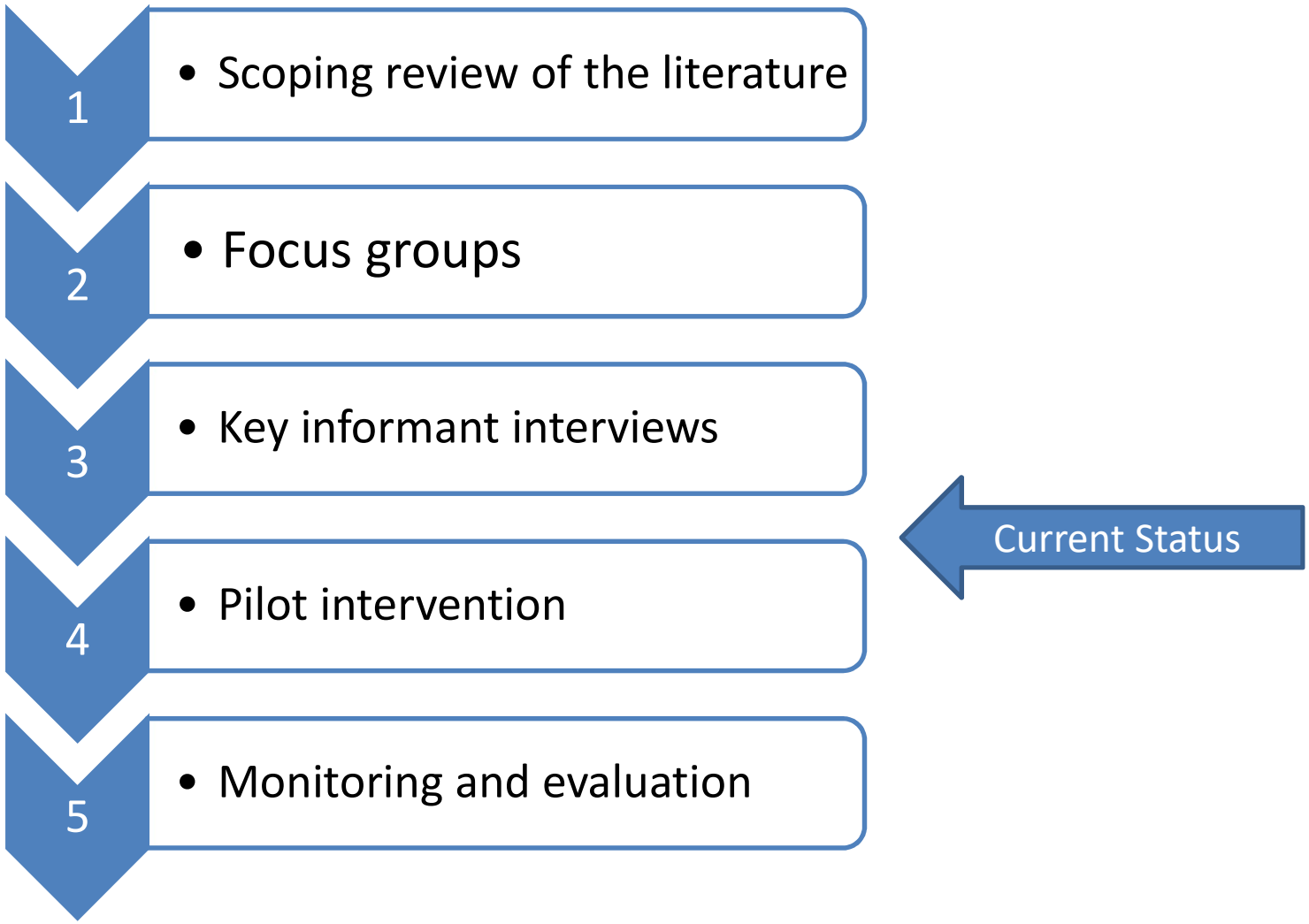
Why online treatment

- Mitigating barriers
  - Distance to treatment
  - Transportation
  - Lack of childcare
  - Disability and mobility issues
- Reducing stigma
  - Clients are offered greater control in impression management
  - A feeling of being anonymous
  - Greater ability to focus on subpopulations (e.g. Women's only groups)

Why online treatment

- Increasing accessibility
  - Lower geographic restrictions
  - Fewer time restrictions
  - Lowers cost of access
- Building capacity
  - Increased resources for mental healthcare professionals.
  - A new skill set.

Stages in overall project



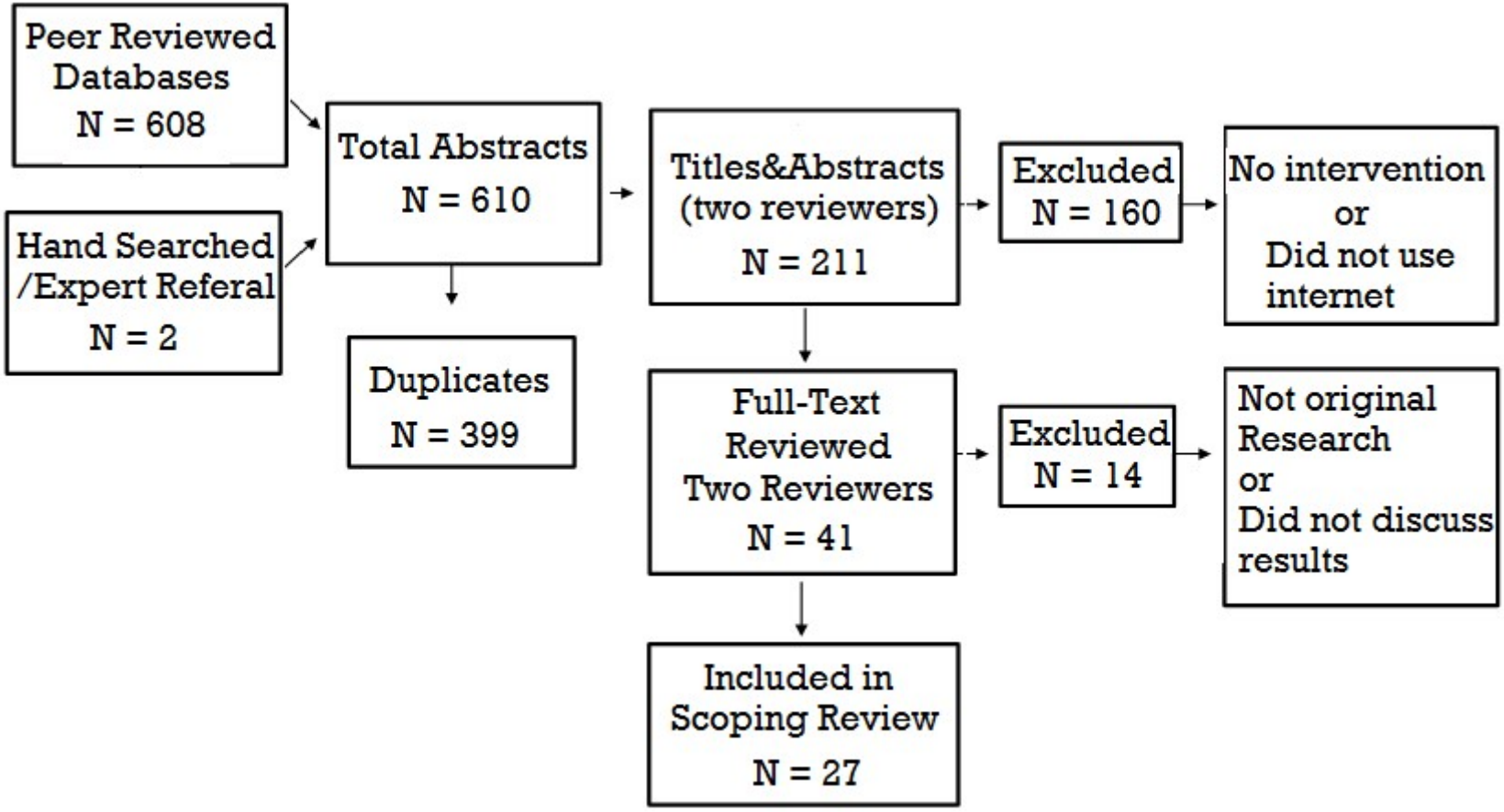
Scoping Review

Research Question:

How are Internet-based resources being used in problem gambling interventions?

- 6 academic and 2 grey literature databases reviewed from 2007-2017
- Scan produced 610 articles
- 27 articles met inclusion criteria
  - Primary research, intervention for PG, used the Internet to deliver intervention

Article Selection Process



Scoping Review

- Counselling through internet was most common result (15/27 articles)
- Counselling methods included:
  - Text chat
  - Video chat
  - Voice chat
  - Moderated discussion groups.
- CBT/MI were also popular (7/27)
- Several studies used RCT design (7/27)
  - No treatment (waiting list) was the most common control group
- Several studies used personalized/normative feedback (6/27)

Scoping Review

- Avoidance of stigma and ease of access were noted as advantages by several studies
- Large majority of studies found Internet based interventions to be effective in several areas
  - E.G. PG scores, gambling expenditures, distress, depression
  - Only two studies did not find significant improvements over no treatment
- Little comparison with face-to-face treatment
  - Implications of advantages and disadvantages over in person treatment are unclear
- High attrition rates identified in several studies
  - Others noted similar rates to in person programs

Focus groups

Methods

- Two focus groups among service providers (n=9, n=12)
- Three focus groups among individuals who self-identity as having issues with problem gambling
  - Two mixed gender groups (n=6, n=5)
  - One women-only group (n=4)
- A semi-structured interview guide was followed during the focus groups.
- Focus group responses were coded and analyzed to identify themes and sub-themes (FJ, SS).
- Participants were compensated for their time.

Treatment Providers

- **Mitigating negative impacts of existing barriers**
  - Online services may be a beneficial and cost effective way to address treatment gaps and reduce the negative impacts of barriers to treatment.
- **High quality, reliable technology**
  - Connectivity was identified as a major issue. High quality and reliable technology is important in an online treatment service.
- **Balancing potential risks and benefits**
  - Participants stated they would be “concerned about how you balance the risks of engaging in a technologically-responsible manner to provide clinical care.” In addition, absence of face-to-face body language was seen as an issue.
- **Policies and protocols**
  - Clearly defined and carefully considered crisis protocols were identified as a priority, especially in terms of safety and security, and privacy and confidentiality. Participants also expressed the need for sufficient training and education resources in delivering treatment online.
- **Fit for client**
  - Whether online services would prove to be beneficial or not “would depend on which type of clients.”

Problem Gamblers

- **Barriers to seeking help**
  - Barriers identified include waiting lists, distance and transportation, finances, timing of services, lack of information resources, feelings of shame and guilt, and lack of lived experience among services providers.
- **Availability of services at all times**
  - “Triggers are not programmable. If it’s [service] available right when you’re having that trigger, that’s a big thing.”
- **Immediate response**
  - Participants expressed that they prefer synchronous communication that allows for immediacy of response from treatment providers. One participant stated that he does not want to have to wait hours or days to receive a response.
- **Security and privacy**
  - Participants raised important issues and questions related to security and privacy: “An important thing about this whole concept [is] you have to make sure 100% that employers don’t have access and will never have access to every single thing.”
- **Family members**
  - There is a desire for services that would be “available for loved ones or people that want find out more information” about problem gambling.

Limitations of online treatment /Potential Concerns

- No body language
- Possible difficulties in establishing rapport
- Client safety concerns regarding suicidality
- Privacy and confidentiality cannot be ensured
- Little available research comparing face-to-face with online
- Some evidence of poor program completion
- Internet access required

Key informant interviews

Methods

- In-depth interviews with key informants (n=19)
- Informants covered a variety of key information areas related to the adoption of technology for eMental Health.
- Countries: Canada=13, Australia=2, Sweden=1, US = 2, Ukraine = 1
- Interview was different depending on expertise
- Deductive and inductive thematic analyses of transcripts are being conducted to extract key findings.

Key informant interviews

Types of Expertise (Total N = 19)

- **Clinicians** n = 7 (4 psychotherapist, 2 psychiatrists, 1 social worker)
- **Research** n = 4 (2, Australia, 1 Canada, 1 Sweden)
- **Legal** n = 1
- **Information Systems / Technology** n = 4
- **Leadership / Policy / Management** n = 5
- **Mutual Aid / Gamblers Anonymous** n = 3

Note: interviewees fall into more that one category.

Key informant interviews: key findings

1. **Individual and organizational capacities**
   - Computer literacy skills for both clients and service providers
   - Training and educational resources for service providers on delivering treatment online
2. **Knowledge gaps about cyber security**
3. **Motivations for advancing eMental Health care initiatives**
   - Reducing barriers, increasing access
   - Expanding data analytics
   - Empowering clients
4. **Opportunities for health systems to advance eMental Health care implementation**
   - Integrating research into standard service delivery
   - Funding

Treatment feasibility study

- Pre-post single group design.
- Recruited using advertisements poster / online.
- Screening by phone
- Completes consent and survey online
- Arranges intake and assessment with therapist online
- Encrypted video and voice technology over Internet.
- Preparation for group: 3 individual sessions
- Treatment program: 8 group sessions
- Completes follow-up survey.

Evaluation methods

We will document

(1) Interest in the program (number of people who contact us)

(2) Problems encountered

(3) Number of clients who qualify / not qualify

(4) Attendance

(5) Attrition

(6) Pre vs. Post questionnaire comparisons

(7) Post treatment interviews with therapist and clients.

Conclusions

Project is about to start.

Will present result at next EASG conference.

THANK YOU

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