Developing Problem Gambling Distance Treatment Services in Iowa

Developed for the

Iowa Department of Public Health

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Prepared under the

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I. EXECUTIVE SUMMARY

The Iowa Department of Public Health (IDPH)/Iowa Gambling Treatment Program will begin offering distance treatment as an approved service type for individual, family, and group counseling on July 1, 2008. As a lead-up to this initiative, IDPH contacted the Center for Substance Abuse Treatment (CSAT) and requested technical assistance in developing a problem gambling distance treatment program. Under contract with CSAT, JBS International, Inc., formed an agreement with Problem Gambling Solutions, Inc. (PGS), to undertake a 6-month project with IDPH to develop the foundation to a statewide problem gambling distance treatment program. This manuscript documents the development phase of this initiative—from January to June 2008.

In January and February 2008, PGS and IDPH developed a strategic plan for the development phase of the distance gambling treatment initiative. The plan included establishing a set of guiding principles and developing an action plan to delineate the project tasks and milestones and to assign individual responsibilities. The guiding principles adopted are similar to those demonstrated as critical to successful distance learning projects. These principles included the following:

- Create a culture that encourages and supports innovation
- Provide strong leadership
- Provide adequate funding
- Support professional development for clinicians and administrators

The IDPH/PGS team considered these principles in developing an operational plan, as described in this report.

The operational plan centered on meeting four essential objectives:

- **Objective one:** Ensure that counselors are competent and comfortable with providing this type of service. To assist counselors in developing their distance treatment competencies, the project team developed a "Problem Gambling Distance Treatment Manual." PGS developed and IDPH offered a 7-hour training on May 20, 2008, entitled "Distance Treatment for Problem Gamblers."

- **Objective two:** Use evidenced-based materials during the project's implementation; thus, the team obtained rights to use the workbook "Becoming A Winner: Defeating Problem Gambling."

- **Objective three:** Design the program to be integrated into existing IDPH gambling treatment program rules, codes, and procedures.

- **Objective four:** View program monitoring, evaluation, and quality improvement processes as critical project elements. Thus, the team incorporated rapid-cycle change principles into a robust evaluation and process improvement program.

II. INTRODUCTION

A. Purpose of the Technical Assistance

In March of 2007, the Iowa Department of Public Health (IDPH) requested technical assistance (TA) from the Center for Substance Abuse Treatment (CSAT) in developing distance treatment services for problem gambling. Prompted by a need to make gambling treatment services readily accessible to all Iowans and to offer an expanded set of treatment options, IDPH initiated a problem gambling distance treatment program. CSAT is one of three Centers of the Substance Abuse and Mental Health Services Administration (SAMHSA). The TA was provided under the State Systems Technical Assistance Project (SSTAP). JBS International, Inc. (JBS), is the SSTAP contractor. JBS is a health and housing consulting firm based in North Bethesda, Maryland. JBS contracted with Problem Gambling Solutions, Inc., to undertake a 6-month project with IDPH to develop the foundation of a statewide problem gambling distance treatment program.

Using distance treatment programs to address problem gambling is a relatively new area of exploration and study. The first documented effort was pioneered in 2000 by a research team led by Dr. David Hodgins at the University of Calgary.[1] The team's preliminary findings indicated that a cognitive-behavioral approach, based on a self-administered workbook, supported by periodic telephone contact by a counselor, was effective in significantly reducing gambling-related behaviors at 12-month and 24-month followup.[2] Oregon, California, and Germany have adapted the workbook developed by Dr. Hodgins for their use. Outcome data in Oregon support the efficacy of this approach in a statewide problem gambling treatment system.[3] Also, Internet-based gambling assistance programs have been developed in Sweden (www.slutaspela.nu/), England (www.gamblingtherapy.org), and New Zealand (www.gamblingproblem.co.nz). In all the above examples of distance gambling treatment, a centralized agency, following protocols with varying levels of flexibility, delivered the intervention.

This project is different from the aforementioned distance gambling treatment projects in that it uses an approach in which all State-funded gambling treatment providers can elect to participate and integrate distance treatment approaches into their established gambling treatment programs. Thus, this project represents an expansion of treatment modalities available to providers of problem gambling treatment in Iowa. It allows the State to employ a distance treatment approach that supplements the clinical expertise and wisdom of experienced gambling treatment counselors with an increased array of intervention modalities, principles, and materials that have been demonstrated to be effective in supporting change.

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[1] Hodgins, D., Currie, S, & el-Guebaly, N. (2001). Motivational enhancement and self-help treatments for problem gambling. Journal of Consulting and Clinical Psychology, 69: 1, 50-57.

[2] Hodgins, D., Currie, S, el-Guebaly, N., & Peden, N. (2004). Brief motivational treatment for Pathological Gambling: A 24-month follow-up. Psychology of Addictive Behaviors, 18: 3, 293-296.

[3] Marotta, J.J. & Moore, T., Walsh, P. (2006, May). Large-system use of minimal intervention approaches to problem gambling: the Oregon experience. Paper presented at the 13th International Conference on Gambling & Risk Taking, Lake Tahoe, NV.

The Iowa Distance Treatment Program for Problem Gamblers pilot project targets problem gamblers that may have significant access barriers to traditional face-to-face treatment—such as transportation difficulties, physical impairment, motivational impairment, or work/family responsibilities—that would preclude them from attending treatment in a traditional setting in their local community.

Project participants will be able to access the program through existing State-funded gambling treatment providers. When prospective clients contact a participating provider, agency personnel brief them on their treatment options. Each participating provider must adhere to guidelines established in the "Problem Gambling Distance Treatment Manual" developed during this demonstration project by IDPH and Problem Gambling Solutions.[4] Although the manual contains a number of provider requirements, it does not prescribe the scope or every method that agencies will adopt in using a distance treatment option. Thus, each agency using this approach must establish its own particular protocols for orienting clients to its program and collecting intake information. Every provider must include in its protocol a method for obtaining intake data, process data, and Iowa Gambling Treatment Outcome (IGTO) consent and questionnaires. Through a contract between the IDPH and the University of Northern Iowa (UNI), the UNI evaluator will contact participants during the project to collect data to use to prepare a meaningful evaluation.

The "Problem Gambling Distance Treatment Manual" contains a prototype of a clinical protocol that providers of this service may choose to adopt, revise, or borrow from in developing an agency-specific protocol. Over time, it is expected that protocols will be evaluated, and changes will be made as necessary. Any quality improvement changes identified will be thoroughly documented, as well as the results, or outcomes, of these changes. Providers will submit their distance treatment protocols to IDPH for approval, as well as changes to resulting protocols.

B. Consultant's Background

Jeffrey Marotta, Ph.D., offers consultation, training, and treatment services while concurrently serving as clinical associate professor at Oregon Health & Science University. Dr. Marotta is a clinical psychologist and has specialized in the field of problem gambling since 1997. He developed the State of Oregon's highly acclaimed problem gambling treatment and prevention system and served as the lead consultant to the Oregon lottery and Oregon legislature on matters concerning problem gambling. He has trained and consulted nationally and internationally on problem gambling topics, including treatment, education, prevention, and systems development.

C. Overview

The project is an alternative intervention to the treatment-as-usual, face-to-face counseling in behavioral health offices for problem gamblers. A variety of individuals with varying levels of problem gambling are expected to participate. The intervention mainly targets individuals with low to moderate levels of problem gambling (meeting two to four Diagnostic and Statistical Manual of Mental Disorders (DSM) – IV criteria for pathological gambling). Nonetheless, the

[4] Iowa Department of Public Health. (2008). *Problem Gambling Distance Treatment: Clinical Manual*. Des Moines, IA: Author.

program is open to all levels of problem gamblers and may include participants that have met the clinical criteria for a diagnosis of pathological gambling.

When prospective participants contact a participating provider, agency personnel will inform them of the treatment services, including optional involvement in a distance treatment approach. If potential clients are only interested in the distance treatment option, the staff will give them a brief overview of the project and conduct a brief administrative screen to determine if the individuals are appropriate for the program. This minimal administrative screening will determine if they are (1) problem gamblers; (2) Iowa residents; and (3) not in an emergency crisis situation. After determining administratively that the individuals are potential candidates for the pilot program, the staff will schedule a time with the individuals for a counselor to call them back to either arrange for an in-person assessment or telephone clinical assessment. The assigned clinical staff will complete the clinical assessment within 21 workdays. If in the telephone assessment, the staff deems the clients appropriate, and the clients consent for services, the staff will enroll the individuals in the project at that point. They will receive by regular mail or e-mail the home-study workbook or the first module of the workbook along with an informed consent form; and the staff will schedule a followup clinical interview within 1 to 7 calendar days.

Providers should continuously evaluate clinical appropriateness for distance treatment services. If providers determine that the clients are more appropriate for treatment as usual or a different level of care, they will refer those clients to the clinical program that best meets their needs. Providers will monitor these referred clients until they engage in such services.

Project evaluation is an important component. Clients will follow the standard IGTO protocol, but will also receive an additional evaluation module that includes a brief phone interview at 1 and 2 months after admission and discharge. UNI evaluators will conduct the interviews.

III. STRATEGIC PLANNING FOR DISTANCE TREATMENT: GUIDING PRINCIPLES

Distance treatment is appealing: It removes many of the barriers—time, location, transportation, childcare—that prevent some adults from entering needed problem gambling treatment. Yet, it is neither a panacea nor a replacement for treatment as usual. A successful distance treatment system is not the simple application of talk therapy over the phone; it is the merging of evidenced-based treatment approaches with evidenced-based distance learning models. For the program developer and the practicing clinician, navigating the largely uncharted territory of problem gambling distance treatment can be frustrating. To make distance treatment work, IDPH should address a host of financial, planning, and implementation challenges. This report highlights a construct of principles that clinicians have learned from using distance learning models[5] and adapts those principles for use in developing and planning for distance treatment with problem gamblers.

A. Create a Culture That Encourages and Supports Innovation

Implementing distance treatment is very different from providing therapy in an office. It demands that programs explore new ways of recruiting, orienting, and delivering treatment to clients. Distance treatment requires that clinicians and administrators modify how they think about the process of treatment and how they interact with clients and use content materials. To succeed in this endeavor, programs must be creative and innovative and reflect the following:

1. **A focus on process.** IDPH should strive to create an environment in which department personnel both encourage and value creativity and innovation. One way to do this is to focus on the process—and learn from it—rather than on typical outcome measures. For example, in the first years of the Oregon pilot program, providers were encouraged to collect process data and, unlike other gambling treatment programs in Oregon, were reimbursed on a grant basis rather than a fee-for-service basis.

2. **Meeting specific needs.** IDPH can also encourage and support the innovative use and development of curricular materials to meet the specific needs of distance clients. Examples can be drawn from experiences on gambling help Web sites (see, for example, www.1877mylimit.org) where video clips are embedded into educational material and consumers can access immediate help by using Internet "live chat" or cellular phone text messaging.

3. **Excitement about challenge.** It is also crucial that the clinicians, administrators, and program personnel that are involved in the distance treatment initiative be excited about the possibilities and regard themselves as innovators. These mental health and addiction professionals are taking a risk and moving away from the security of what they know they can do effectively. IDPH should commend them for taking on the challenge and provide them an opportunity to explore and try new ideas.

[5] Principles and language adapted from Project IDEAL (Improving Distance Education for Adult Learners).

B. Provide Strong Leadership

Distance treatment projects are most successful when the people assuming primary responsibility at both the State level and the agency level are excited about the project, have both time and resources to bring to bear on the project, and have strong leadership skills. Distance treatment requires a major shift in how people think about and deliver treatment; the point person at the State and at the community agency must be able to embrace the vision and create a sense of enthusiasm among participating clinicians. Pilot programs are more likely to be successful if point persons have the following:

1. **High levels of involvement with the project**. When State and agency point persons are actively involved with the projects, they will have greater success in implementing their programs. Their involvement signals that this endeavor is important at various levels throughout the gambling treatment system.

2. **Adequate time to spend on the project**. Implementing any new program is time consuming; distance treatment may be even more so because it differs so dramatically from typical brick and mortar counseling programs. Thus, it is not enough for a point person to be excited and enthusiastic about the project, the individual must allocate sufficient time to it.

3. **Influence with State leaders and participating agencies**. A point person often needs to bring together people from disparate perspectives and create consensus on working toward a goal. It is also important for point persons to have the authority to get things done and the funds to support the project.

4. **A desire to take this challenge and explore a relatively unknown area**. A point person's attitude permeates all aspects of the project. This person wants the challenge, likes to create new programs, and is excited about finding new ways to reach clients. Pilot projects are much less likely to succeed if the point person is not enthusiastic about the opportunity or has already overcommitted his or her time.

C. Provide Adequate Funding

There are costs associated with both new and existing programs. A distance treatment project—even if done on a small scale—requires sufficient funding for implementation and ongoing support. Funds cover the participating agencies, the point persons, training and ongoing support, and therapeutic materials. For agencies and their therapists to put enough time and effort into building a distance treatment project, they must either receive financial compensation or cut time from other assignments. This project is too challenging to be added as an additional assignment to therapists who already have a full workload.

IDPH may develop various ways of financially supporting a gambling treatment distance project. It may provide small grants to participating agencies to cover therapist and administrator salaries, purchase statewide licenses for evidenced-based materials, secure

technical assistance to develop the program, and establish initial and ongoing support services for the agencies using the approach.

D. Support Professional Development for Clinicians and Administrators

Clinicians working at a distance need ongoing support. This takes two forms: ongoing technical support in using the selected materials and program and professional development to build skills needed for counseling at a distance.

1. **Ongoing technical support**. Just as distance treatment clients can sometimes feel isolated, so too can distance treatment clinicians. For most clinicians and administrators, this is a new enterprise that makes different demands on their abilities. It is important for these clinicians to feel that they are not alone in this process and for them to have resources available to answer questions, provide support, and help guide them along the way.

    a. A pilot distance treatment program will be more likely to succeed with a resource that can provide information about the materials and/or program being used and guidance on delivering treatment at a distance. This can be accomplished in different ways. For example, the IDPH Gambling Treatment Program coordinator could maintain close contacts with the pilot project sites, thus diminishing feelings of being alone without guidance. IDPH could also outsource a systemwide support function to a consultant or organization that specializes in this area.

    b. A pilot program is more likely to succeed by creating situations in which sites act as mutual supports and share accumulated wisdom. IDPH may consider establishing regular conference calls or using online discussion boards or face-to-face meetings with provider staff involved in the problem gambling distance treatment initiative.

2. **Professional development**. One cannot overstate how different distance treatment is from traditional brick and mortar treatment programs. The entire process—from recruitment to assessment—requires new ways of thinking about treatment and of administering a program.

    a. Distance treatment requires different ways of orienting, assessing, motivating, and counseling clients. This difference requires distance clinicians to have access to professional development. By providing professional development opportunities for clinicians involved in distance treatment programs, IDPH increases the likelihood that the contracted providers will effectively engage clients and keep them involved and active in their recovery process.

b. Administrators need to commit time and energy to new ways of work. Professional development opportunities that allow clinicians and administrators to learn together and to plan how changes will be made in their own organizations maximize the possibility that programs will succeed.

IV. SUMMARY

The development phase of the IDPH problem gambling distance treatment initiative has been successfully completed. This project holds a great deal of promise as an effective and efficient approach to providing statewide problem gambling treatment services to persons living in rural areas or having other barriers to obtaining treatment as usual. Much of the promise is based on the program's foundation, which is grounded in evidenced-based practices, tools, and principles as adapted from the fields of distance learning, distance treatment, and problem gambling treatment.

Development of the "Problem Gambling Distance Treatment Manual" represents the culmination of this project's development phase (January to June 2008). The May 20, 2008, training with the IDPH-funded gambling treatment providers was largely based on this manual. At the end of the training, participants indicated that they were enthusiastic about offering problem gambling distance treatment and suggested every gambling treatment program in Iowa will choose to participate in this pilot project.

This project holds great promise for increasing the effectiveness and efficiency of Iowa problem gambling treatment services and those of the field at large.

APPENDIX A

APPENDIX B