



Distance Treatment: Removing Barriers and Increasing Access

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Distance Counseling: Removing Barriers to Accessing Treatment

What we will cover:

1. Distance treatment defined
2. Advantages/disadvantages of distance treatment
3. Does it work? A review of the evidence
4. Distance treatment – the Iowa experience
5. Practice considerations
6. Substance Abuse Services Center – Treatment First demonstration





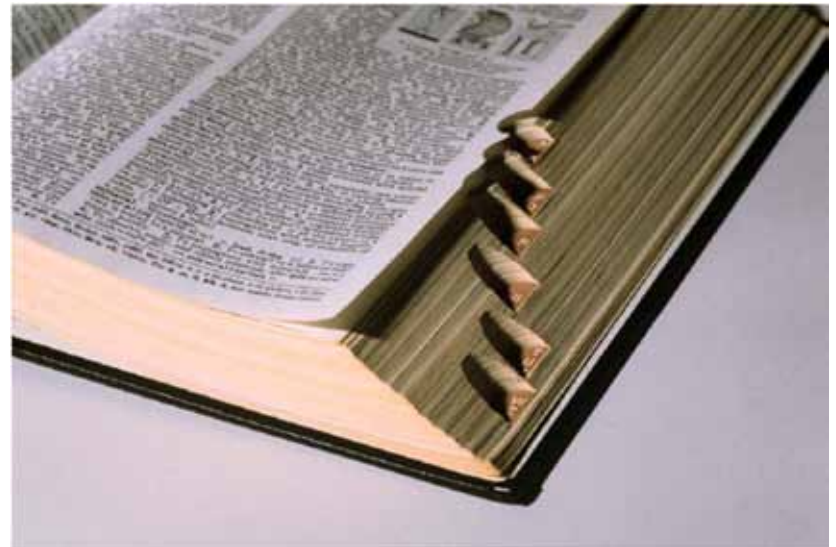
What is Distance Treatment?

The practice of seeking and receiving help online, through the telephone, or through video conferencing

Other Terms

Other terms used for distance treatment are:

- Distance counseling
- Tele-health
- Remote treatment
- Online counseling
- Online therapy
- eTherapy





AMERICAN PSYCHIATRIC ASSOCIATION

Member Driven. Science Based. Patient Focused.

Telemedicine currently **provides an array of services**, including but not limited to diagnosis and assessment; medication management; and individual and group therapy. It also provides an opportunity for consultative services between psychiatrists, primary care physicians and other healthcare providers. Telepsychiatry is also being used to provide patients with second opinions in areas where only one psychiatrist is available.

Telepsychiatry has been shown to **improve collaborative services between professionals**. Studies indicate that healthcare professionals feel telepsychiatry has given them an opportunity to work more effectively as a team. Patients surveyed say they felt that the communication between their physicians had improved their outcomes. There are a few **barriers** to providing telepsychiatry services. Reimbursement is still difficult to receive, especially through third-party payers, and licensure can be difficult to obtain.

Overall, telepsychiatry provides **increased access to services** and has helped **enhance the provision of services to families with children and other patients who are homebound**. Patients participating in telepsychiatry say they are satisfied with the care they are receiving and that they feel telepsychiatry is a **reliable form of practice**.

Moving into the World of Distance Treatment



"Change often makes people nervous. Bringing the field of counseling online is a huge change to the mindset of traditional psychotherapists. There is a lot to be addressed and debated, I am sure.."

Audrey Jung (eTherapist)

<http://www.adca-online.org/surfintooffice.htm>

Growth Area

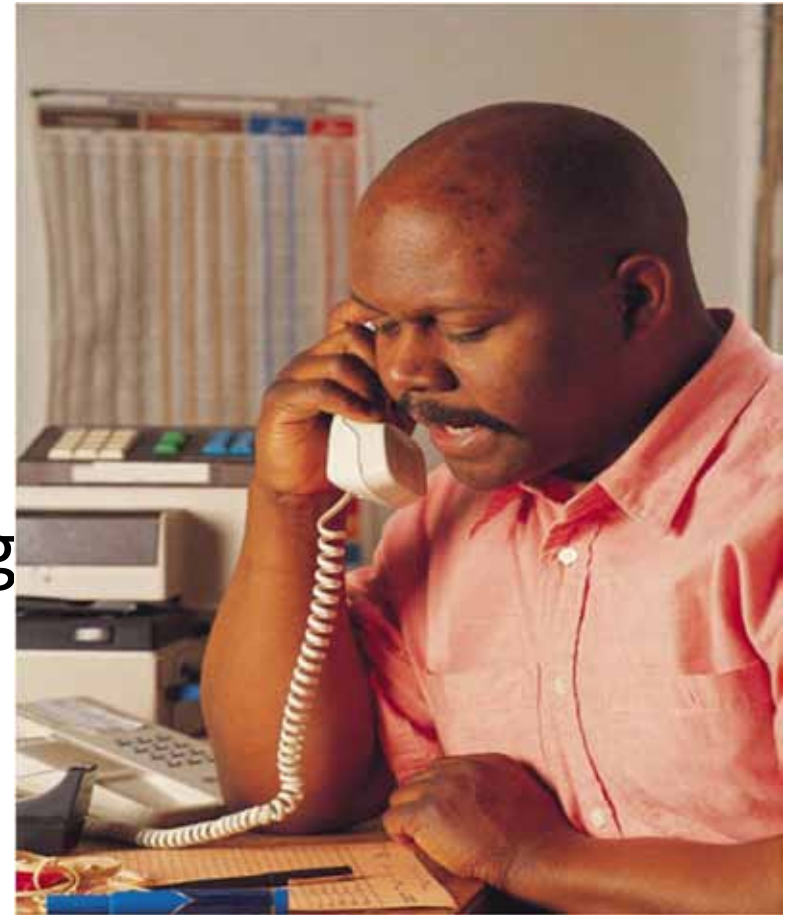


“Professional service delivery via internet has become the fastest growing research-based medium for delivering education, marriage and family therapy, medical consultations, and individual support for those who require or depend upon the access, convenience, and privacy of receiving treatment without leaving their homes. “

<http://www.etherapytraining.org/about.htm>

The Challenge

- Distance treatment requires different ways of orienting, assessing, motivating, and counseling clients



Advantages of Distance Treatment

- Distance treatment removes barriers to entering needed problem gambling treatment.
- Privacy of the encounter
 - Researchers have hypothesized that anonymity of the contact is especially appealing for introverted people (Hamburger & Ben-Artzi, 2000); people with anxiety disorders, such as agoraphobia and social phobias (Bouchard et al., 2000); and problems surrounding body image (Rochlen et al., 2004).
- Ability to reread materials and email communication
- Convenience: Both for client and counselor
- Ability to utilize brief check-in during trigger events or time

Disadvantages to Distance Treatment

- The main disadvantage levied against distance treatment concerns the difficulties with establishing strong therapeutic alliances in the absence of nonverbal information available in traditional face-to-face counseling
 - Nonverbal cues are thought to be critical to the development of relationships and intimacy and necessary in counseling relationships.



A simple pro/con list

Pros of distance treatment

- Privacy
- Convenience
- Service to remote areas
- Increased honesty and candor
- Cost
- Ability to re-read materials
- Log of communication (e-mail)
- Clinician access to larger pool of clients
- Flexibility
 - Type of intervention used
 - Time of day
 - Duration of session

Cons of distance treatment

- Miss non-verbal cues/communication
- Difficult to create a therapeutic environment
- Not for severe symptomology or some co-occurring
- Comfort level of client/counselor
- Can be more difficult to build rapport

Distance Treatment: Does It Work?

Review of the Evidence



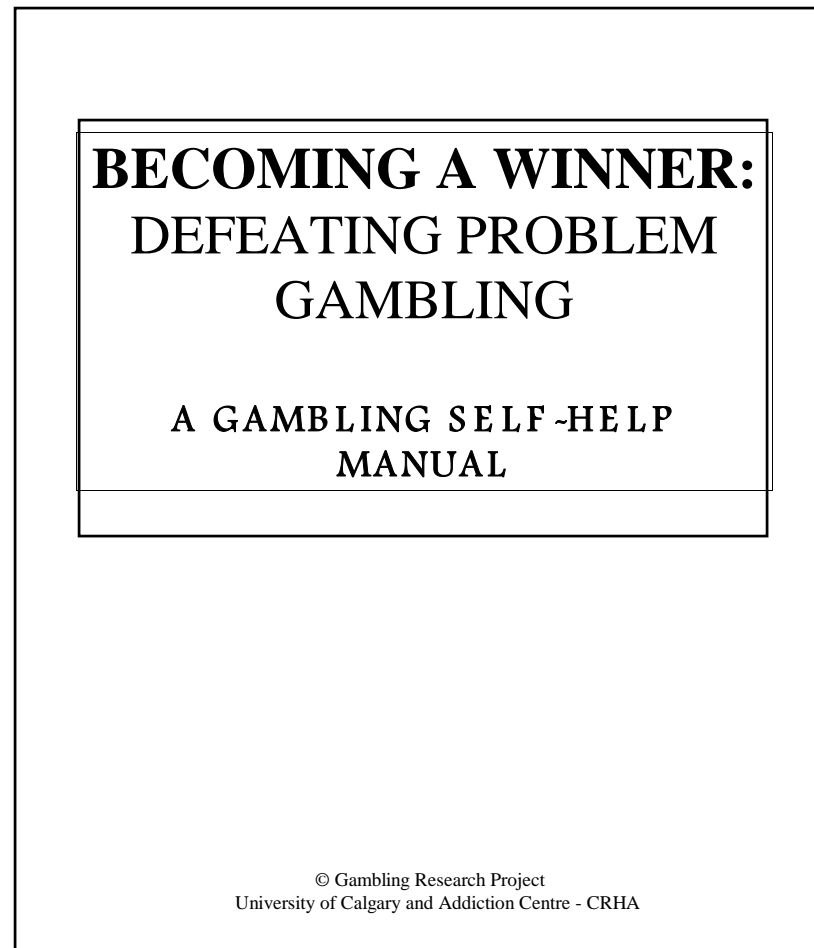
Distance Treatment and the Therapeutic Relationship



“To date, a modicum of theory and empirical evidence suggests that effective working alliances are possible through online counseling”.

Developing the Workbook

Recovery strategies incorporated with the goals of being brief and easy to read.



Theory to Application



- In the late 90s exploratory research on natural recovery and problem gambling ^{1,2,3}
- Learned about important factors and common ways people overcome gambling problems
- This information was used to develop the first empirically validated self-help manual to address problem gambling.

1. Hodgins, D. C. & el-Guebaly, N. (2000). Natural and treatment-assisted recovery from gambling problems: A comparison of resolved and active gamblers, *Addiction*, *95*, 777-789.
2. Marotta, J.J. (2000, June). Exploring natural recovery from gambling problems. In J. J. Marotta (Chair), Natural resolution from problem gambling: Empirical support, theory, and application. Symposium conducted at the 11th International Conference on Gambling and Risk Taking, Las Vegas, NV.
3. Marotta, J.J. (1999). Recovery from gambling problems with and without treatment. Unpublished doctoral dissertation, University of Nevada, Reno.

Minimal Treatment Trial (Hodgins et al., JCCP, 2001)



- Media Recruitment
- Random assignment to 3 conditions
 - waiting list control (1 month).
 - self-help workbook through the mail.
 - self-help workbook through the mail plus
a 30 - 45 minute motivational telephone interview.
- Telephone follow-up 1, 3, 6, 12, 24 months.
- Collateral verification.

Who calls to participate?

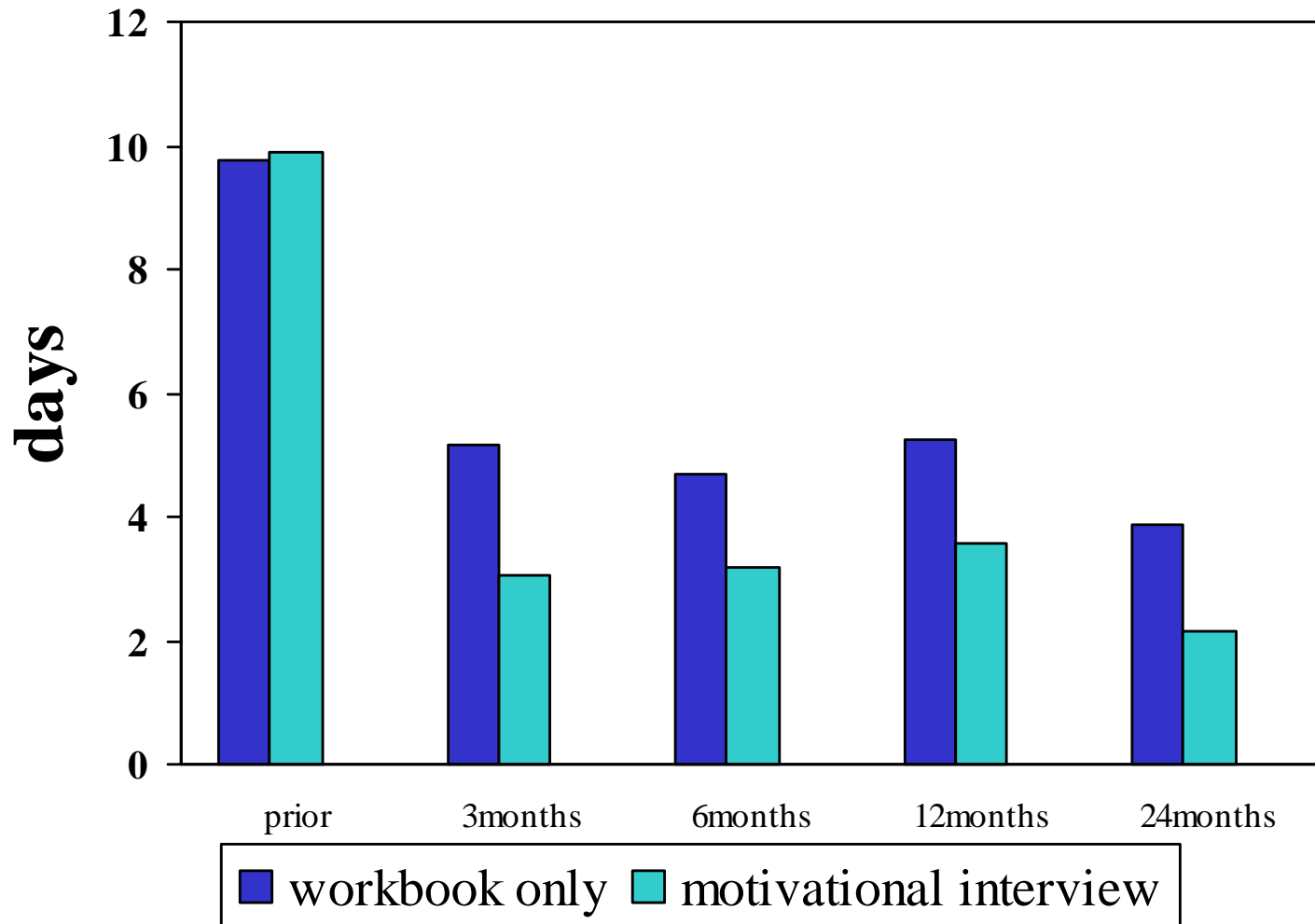
- First timers
- Small towners
- The shamed
- Busy people



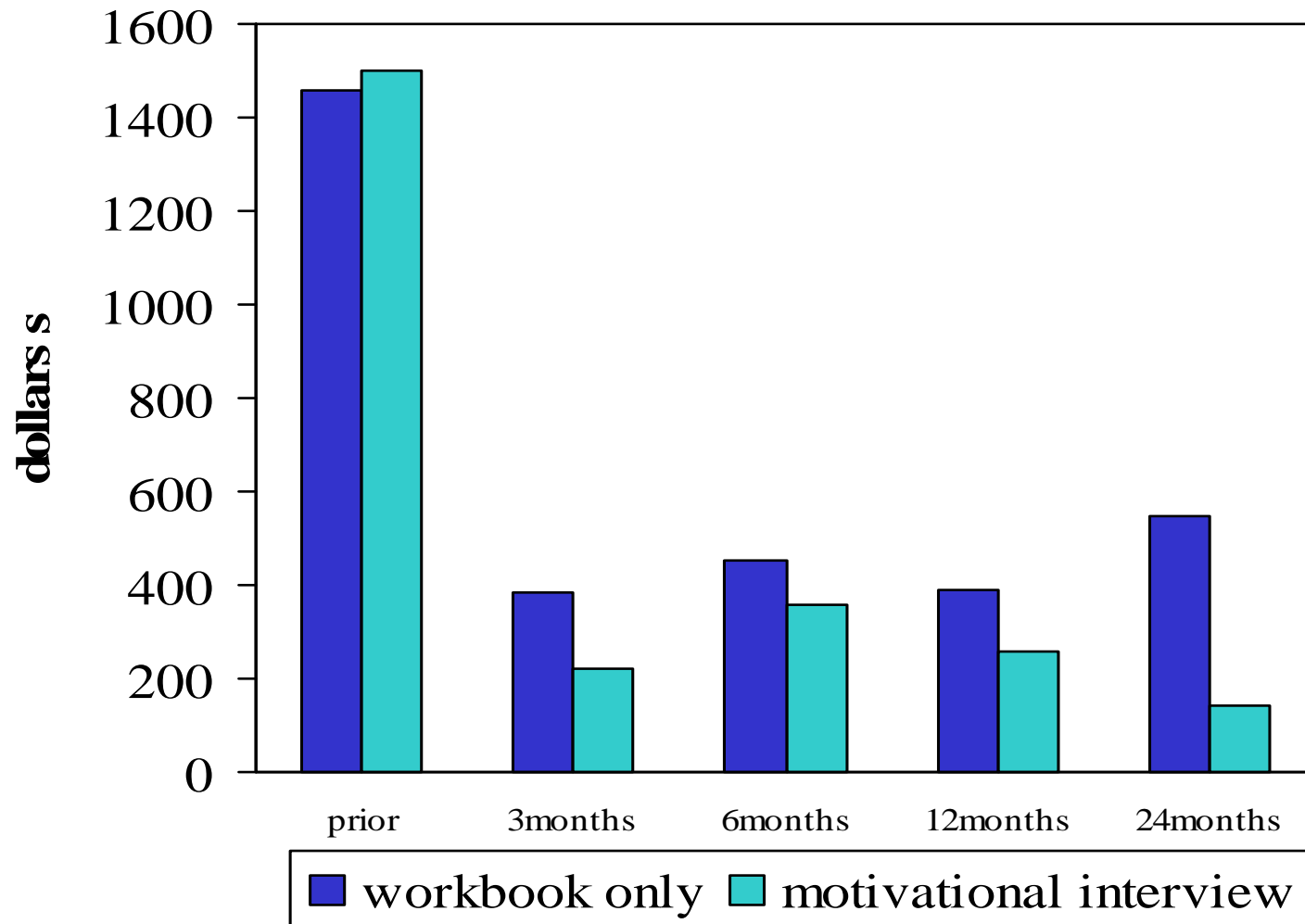
Minimal Treatment Demographics (n=102)

Gender (female)	52%
Problem Type	
VLT's	86%
Casinos	19%
South Oaks Gambling Screen	M = 12.0 (3.7)
	Range = 3 - 19
Previous Treatment	56%
Money spent month before entry	\$1494.00
Days gambling month before entry	9.6 days

Minimal Treatment 24 Month Outcome



Minimal Treatment 24 Month Outcome



Study Conclusions

- Significant reduction in gambling at 24 months.
- Support for Stepped Care Model.
- Motivational enhancement helpful.
- No gender differences.
- Media recruitment is an effective way to attract problem gamblers not seeking treatment particularly women.
- Results promising. Gamblers report reading the manual and following the strategies.



Telephone-Based Continuing Care Sustains Abstinence

NIDA Notes Vol. 20, No.3

- Telephone-based continuing care found to be as good or better than face-to-face care at helping most patients maintain abstinence after IOP
- McKay, J.R.; Lynch, K.G. The effectiveness of telephone-based continuing care for alcohol and cocaine dependence. *Archives of General Psychiatry* (2005)
 - 359 clients age 18-65, typical in terms of demographics and problem severity of people seeking publically funded outpatient addiction treatment.
 - 180 co-occurring cocaine/alcohol dependent, 87 cocaine dependent, 91 alcohol dependent. 30% met criteria for major depression.
 - Two years after graduating from IOP more patients who participated in telephone based continuing care had maintained abstinence better than those receiving standard group counseling.
 - However, patients with more severe addiction were better able to maintain abstinence if they participated in standard group counseling.

An exploratory study of client perceptions of Internet counseling and the therapeutic alliance

- Leibert T et al. Journal of Mental Health Counseling, January 2006
- Method
 - 81 clients using online counseling were assessed for comparison to clients using traditional face-to-face counseling.
- Findings
 - User predominantly female
 - Regular Internet user
 - They were satisfied with their relationships and treatment online but not as satisfied as clients who have undergone traditional face-to-face counseling.
 - The main disadvantage, the loss of nonverbal information, was offset by the advantage of anonymity when sharing shameful personal information



Therapist-delivered internet psychotherapy for depression in primary care



- D. Kessler, et al. The Lancet (August 2009)
- Randomized control trial between 10/1/05 and 2/29/08
- Randomized groups were similar at baseline
- Primary care for new episode of depression (score of 14 or more on Beck Depression Inventory (BDI))
- Intervention - 10 session/55 minutes delivered on line over 16 wks
- Results –
 - primary outcome data at 4 and 8 months showed that intervention group were more likely to have recovered from depression.
 - Quality of life and functional health measures also showed improvements
- Conclusion - CBT delivered on-line by a therapist seems to be effective at reducing the symptoms of depression.

Distance Treatment Options

Iowa Gambling Treatment Program
Pilot Project

What Is the Big Picture Goal?



- To provide persistent, incremental improvements in the quality and effectiveness of gambling treatment in Iowa which results in better quality recovery, for more people, and improved community health.

Distance Treatment: IDPH Definition



- Distance treatment is defined as professionally delivered treatment where the majority of time spent between a counselor and client are non face-to-face encounters
- The primary forms which distance treatment take are Choices workbook, phone or web-based counseling.

IDPH Client Eligibility Criteria

Client must have ability to (a) read and respond to workbook exercises, (b) communicate via phone or email, and (c) meet one of the following criteria:

- Endorse 2-4 symptoms on the DSM-IV criteria for Pathological Gambling and express a desire for assistance in addressing the problem.
- Meet DSM-IV criteria for Pathological Gambling AND:
 - a. Demonstrate a problem in accessing treatment due to a significant geographic, medical, psychological, or scheduling difficulty.
 - b. Refusal to access traditional treatment at this time. In this case services may assist the client in moving from pre-contemplative or contemplative phase to preparation and action in accessing the correct level of services they need.

Beginning July 1, 2011 concerned persons will be eligible for distance treatment services

The Iowa Approach to Distance Gambling Treatment IS NOT . . .



- What it is not:
 - It is not a replacement for treatment as usual;
 - it is not the application of talk therapy over the phone; and
 - it is not a panacea for fixing Iowa's gambling related problems.

The Iowa Approach to Distance Gambling Treatment IS . . .



- The merging of:
 - Iowa’s current gambling treatment standards and practices;
 - evidenced-based problem gambling interventions;
 - evidenced-based distance learning models; and
 - internationally developed and vetted guidelines for distance treatment.

Therapeutic Relationship

- The therapeutic relationship between counselor and client remains an important factor in effectively helping the client achieve their goals
 - Clinical evidence suggests that the relationship is one of the largest and most consistent factors predicting successful outcome of counseling (Lambert & Ogles, 2004; Wampold, 2001).

Client Comments

"It was not a good idea to see a therapist in my town. I'm in law enforcement and wanted complete privacy, including not having my car parked in front of a therapist's office. I just needed someone to explain some feelings I was trying to deal with, and I was pleasantly surprised at how safe I felt in doing this after a while.

“As a stay at home mom and living 45 miles from the nearest treatment center it was hard for me to attend my gambling sessions. However with having the ability to speak with my counselor on the phone weekly and only meet with her one time a month in the office I was able to make all of my sessions, which enabled me to stop gambling.”

Client Comments

“As an over the road truck driver, I was not able to meet with my counselor every week in the office, as I was in a different state every day. With distance treatment I was able to phone my counselor every week to discuss my gambling issues. The phone calls helped me work through cravings that I was having to gamble at the out of state casinos as I had banned myself from the Iowa casinos. I became very comfortable with speaking to my counselor over the phone.”

Counselor Comments

- “At first it was uncomfortable doing distance treatment with clients as I was not able to see the nonverbals that the client was displaying. However, over time my comfort level increased and I was able to see the benefits from distance treatment as I was able to reach clients that would not have sought out treatment in the traditional office based setting.”

Ongoing program evaluation sets the stage for improvement and growth

- Use several sources of information:
 - data on client indicators
 - clinician surveys
 - on-site program observations and qualitative data (e.g., focus group findings)
- It takes time for new programs and new treatment approaches to develop to their full potential.
- Allow programs time to mature.

Distance Treatment Outcomes vs. Traditional Treatment

Gambled in the past 30 Days	Distance Treatment	Treatment as Usual
Admission	75%(n=28)	70% (n=676)
One-Month post Admission	11% (n=18)	
Discharge	00% (n=7)	22% (n=205)

Distance Treatment Outcomes

Distance Treatment has Helped Me to Stop or Reduce Gambling

One Month Telephone Questionnaire (n=15)

Strongly Agree	60%
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Agree	33%
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Disagree or Strongly Disagree	7%
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Two Month Telephone Questionnaire (n=17)

Strongly Agree	47%
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Agree	53%
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Disagree or Strongly Disagree	00%
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Distance Treatment Practice Considerations

Principles

Ethics

Policies/Procedures

Match the client to the method

- Even the best change strategies won't work for a client who isn't suited for distance treatment. Assess clients for:
 - readiness for change levels
 - co-occurring conditions and severity levels
 - safety
 - strengths and weaknesses and build on their strengths
 - reading levels, time management, technology access
 - self change skills
 - ability to participate in groups and on-site treatment.
- Depending on the client presentation, the treatment plan will differ including which distance resources will be used, the therapeutic approach taken, and the treatment intensity including treatment schedule.

Rapport and Communication Make the Difference

- Phone or email distance clients frequently to keep them engaged in their recovery plan.
- Compose emails carefully: it's harder to convey ideas clearly and in a supportive fashion via email than face-to-face in a therapy room.
- Consider a hybrid treatment approach with the first session, treatment plan review sessions, and discharge session taking place in-person, combined with weekly telephone sessions and twice weekly check-ins via email or text-messages.

Assignments work best when used in conjunction with motivational enhancement techniques.

- Ideally, distance clients will spend far more time interacting with the workbook and other change resources than they do with their distance clinician.
- Matching clients with the appropriate change resources and providing them motivation to engage those resources can make the difference between a successful distance treatment experience and one of frustration.

Tracking time and activity enables distance clinicians to monitor client progress.



- Continuous monitoring of clients progress helps clinicians with planning, developing individualized treatment, assessment, and meeting client needs.

Key points in determining distance treatment suitability
International Society for Mental Health Online

1. What communication methods are adequate or preferable for assessing the client?
2. How might the person's computer skills, knowledge and internet access affect the therapy?
3. How knowledgeable is the person about online communication and relationships?

Key points in determining distance treatment suitability
International Society for Mental Health Online

4. How well is the person suited for the reading and writing involved in text communication (email, chat)?
5. How might previous and concurrent mental health treatment affect online therapy?
6. How might personality type, presenting complaint, and diagnosis influence the person's suitability for online therapy?

Key points in determining distance treatment suitability
International Society for Mental Health Online

7. How might physical and medical factors affect online therapy?
8. How might cross-cultural issues affect the therapy?
9. What other online resources might be appropriate to incorporate into a **treatment package**?

Resources



American Distance Counsel Association



- The professional organization founded to promote safety and confidence in counseling treatment on the internet and through phone services.

www.adca-online.org

International Society for Mental Health Online



- Formed in 1997 to promote the understanding, use and development of online communication, information and technology for the international mental health community

www.ismho.org

- Online Counseling Courses
 - [Beginning 101](#)
 - [Advanced Certification 201](#)
- Website Design and Development





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