

South Australian Rural & Remote Gambling Service:

A hybrid face to face and tele-psychology pilot.

**Dr Quentin Black, Ms Elly Gannon, Mr Patrick
Carey**



Umpherston Sink Hole, Mount Gambier, SA

Who we are:

Dr Quentin Couper Black

BSc Hons (Psych) M App Psych, MBBS, MAPs,
Medical Practitioner, Clinical Psychologist
PsychMed Intensive Gambling Program Director,
Senior Lect Psychiatry, SOM University of Adelaide
Senior Clinical lecturer in Psychology, Social work
and Social Policy, UniSA

Ms Elly Gannon

BPsychSc (Hons), Master of Clinical Psychology
(continuing), Associate MAPS
Provisional Psychologist, Rural & Remote Gambling
Help Service Coordinator

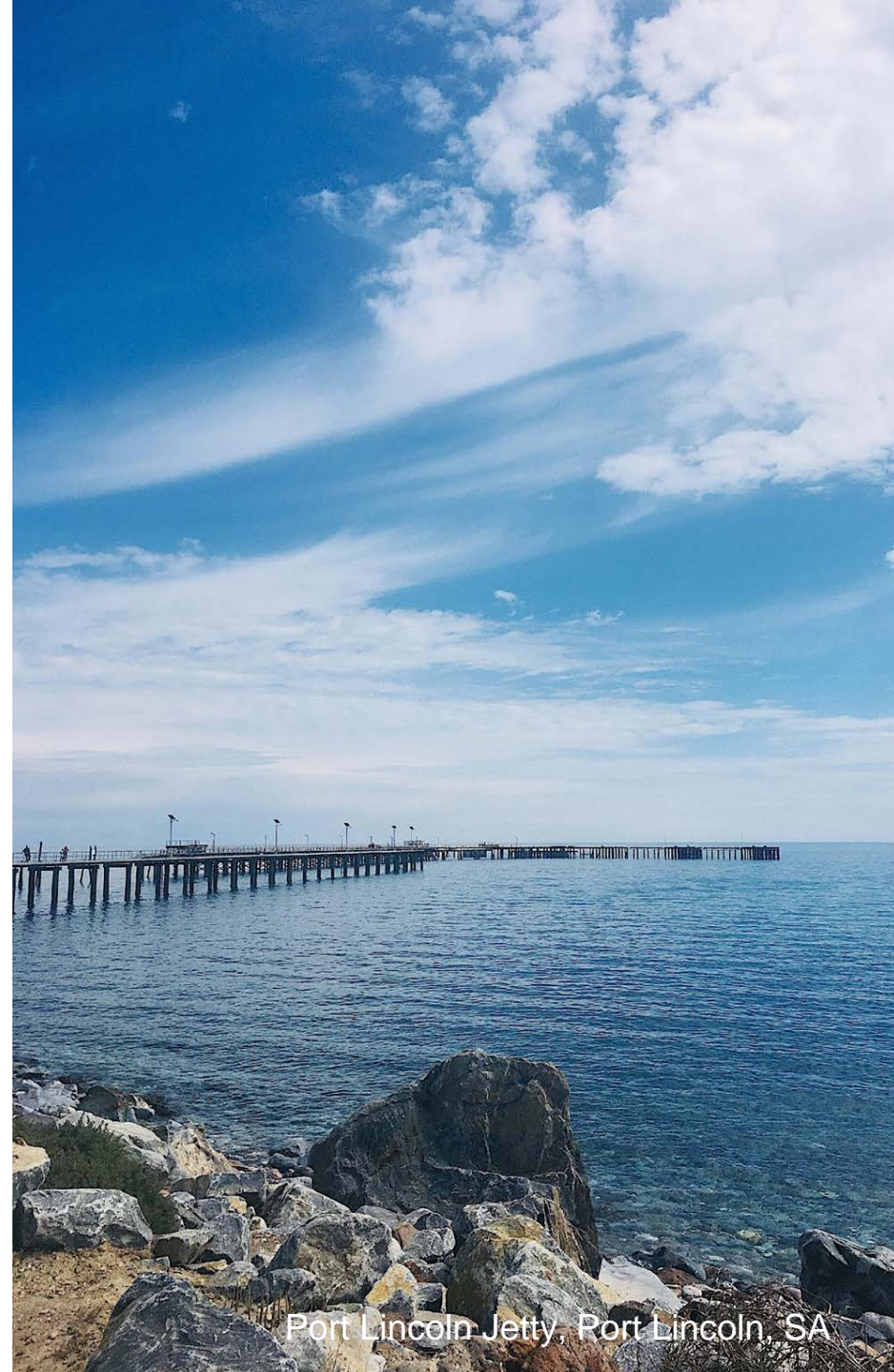
Mr Patrick Carey

BPsychSc (Hons), Associate MAPS
Provisional Psychologist, on the road for the Rural &
Remote Program.



Gambling Services in Rural SA:

- High quality regional counselling services and financial supports
- Historically Inpatient city centric hospital based treatment
- Interstate telephone support services
- Non-specialised FIFO private psychology options
- One off rural trials of specialised CBT delivered in group settings
- Negative Implications: Inconsistency poor continuity of care and lack of relevance



Port Lincoln Jetty, Port Lincoln, SA

Prior Intensive service status:

- Social determinants
- Tyranny of distance
- City Centric
- Hospital based
- Isolative, disconnected
- Poor long term outcomes
- Lack of generalisability

“The ideal of behaviourism is to eliminate coercion: to apply controls by changing the environment in such a way as to reinforce the kind of behaviour that benefits everyone.”

- B.F Skinner.



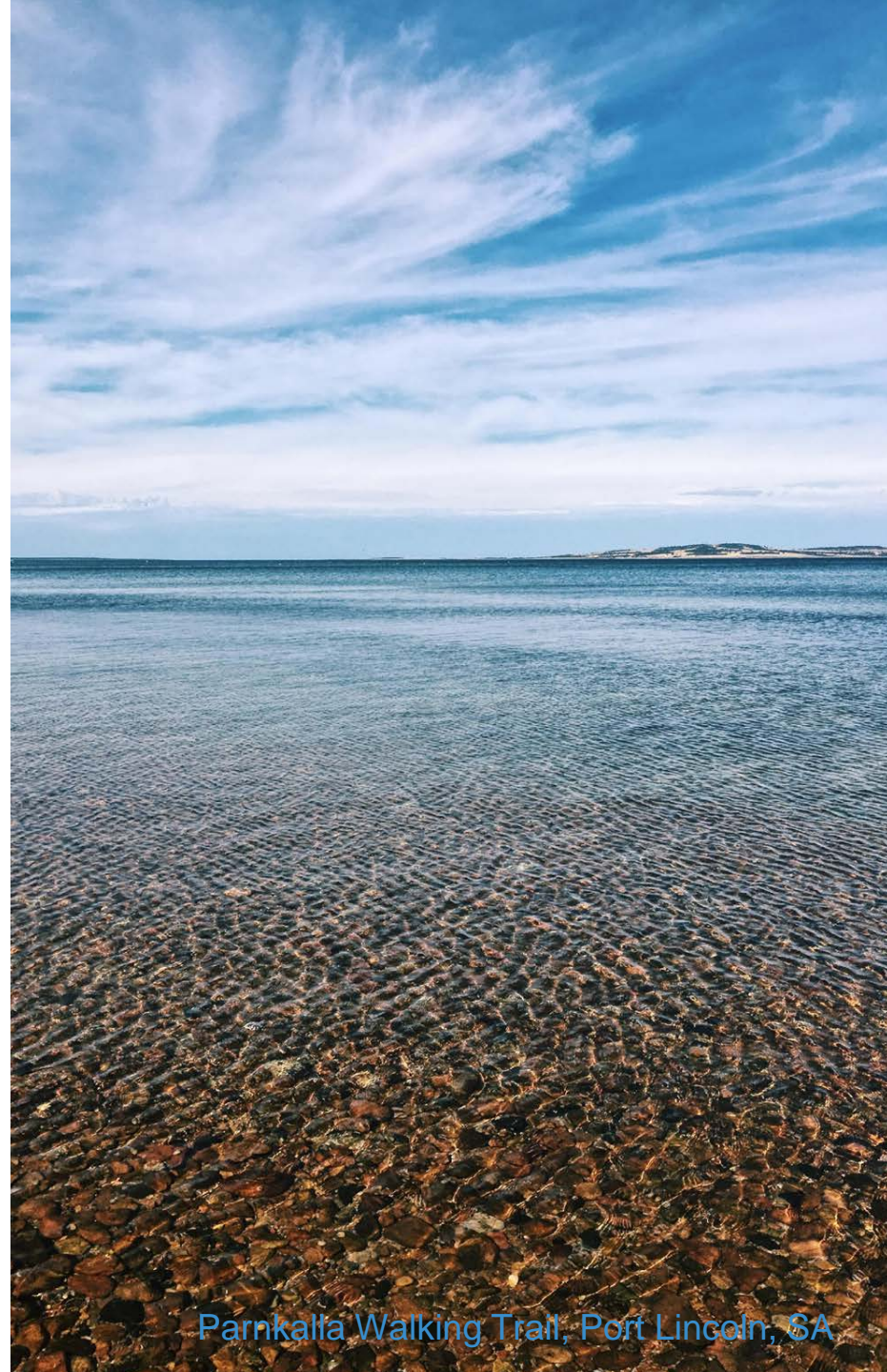
Our Objectives:

- Deliver a reliable CBT based program in rural communities in SA in a collaborative, cost effective and time efficient manner.
- Overcome boundaries of distance.
- Treat individual comorbidities such as substance use disorders, mood disorders and anxiety disorders.
- Establish long term collaborative partnerships with community based organizations.



PsychMed Program:

- An innovative hybrid program
- A structured intensive individual therapy program that targets both gambling related cognitions and mental health concerns.
- **First, final**, and one other mid-course session guaranteed face-to-face
- Up to nine sessions over video conference (telepsychology)
- Other sessions can be face-to-face if a routine visit to the location coincides (which it often does).



PsychMed Tele-Psychology Service:

- **Session 1-2:** Initial intake assessment
- **Session 2:** Psychoeducation and Risk Management
- **Session 3:** Decisional Balance and Change Talk
- **Session 4-6:** Cognitive Therapy
- **Session 7-10:** Exposure
- **Session 11:** Problem Solving
- **Session 12:** Relapse Prevention
- BUT ... Flexible !



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Tele-Psychology Hybrid.

- Research has shown that telepsychology is at least equal to face to face sessions.
- Evidence based to suggest that the hybrid is a perfect blend of personability. Qualitative data also suggests this.
- Telepsychology to be delivered in a non-apologetic manner.
- Importance of the hybrid is that it enables us to engage with community organisations.



First 12 months:

Problem Gambling Scores (PGSI)

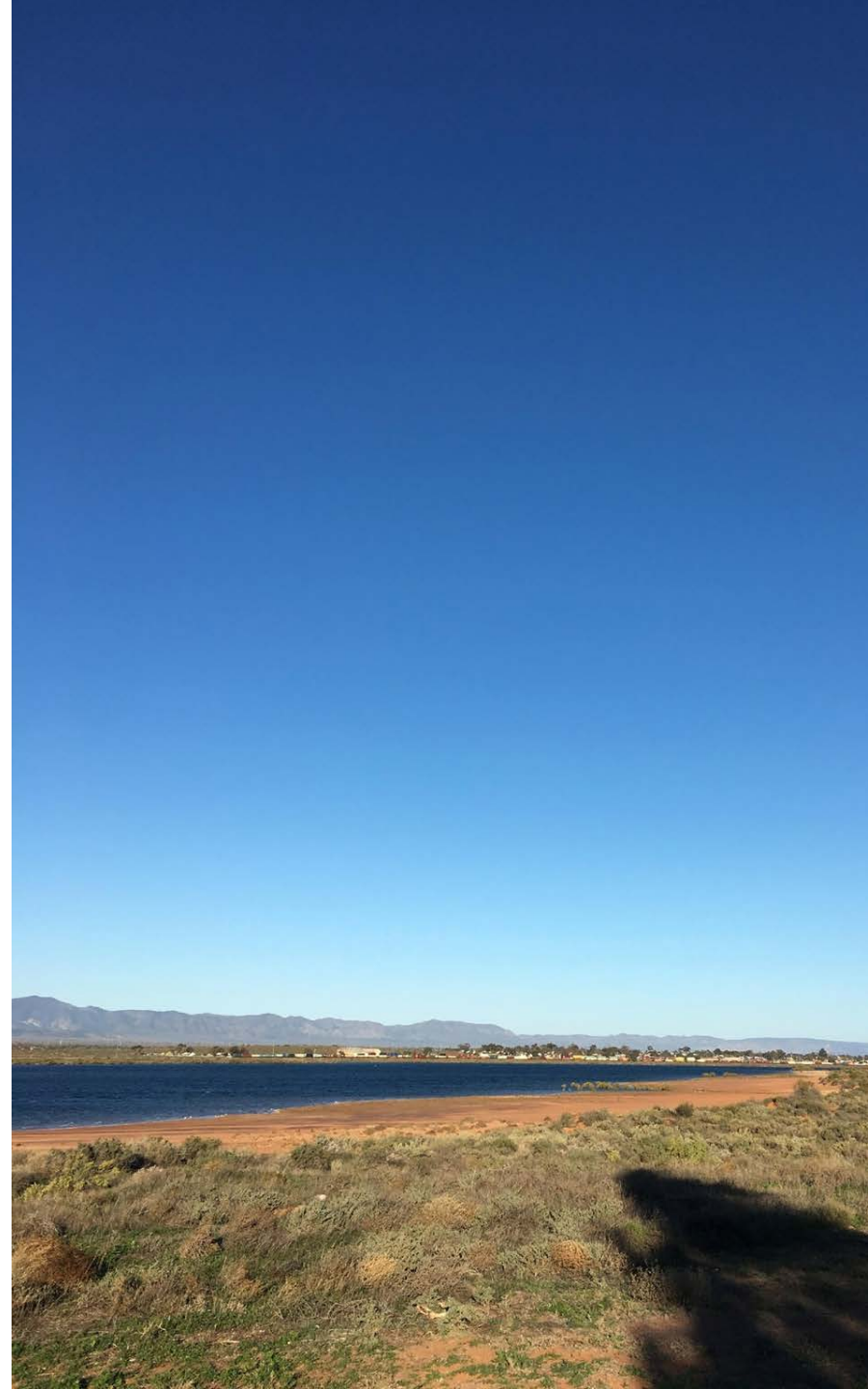
- At initial session: 15.3 (± 6.3)
 - Self-report measure
 - ≥ 8 indicates problem gambling with negative consequences and possible loss of control

Gambling Related Cognition Score (GRCS):

- At initial session: 69.3 (± 20.6)
- At Completion: 33.25 (± 18.2)

Gambling Urge Scale (GUS):

- At initial Session: 11.1 (± 9.4)
- At Completion: 1.8 (± 3.5)



First 12 months:

K10

Psychological Distress Scores:

- At initial Session 28.5 (± 9.9)
- At Completion: 15.3 (± 4.6)

DASS-21

Depression Scores:

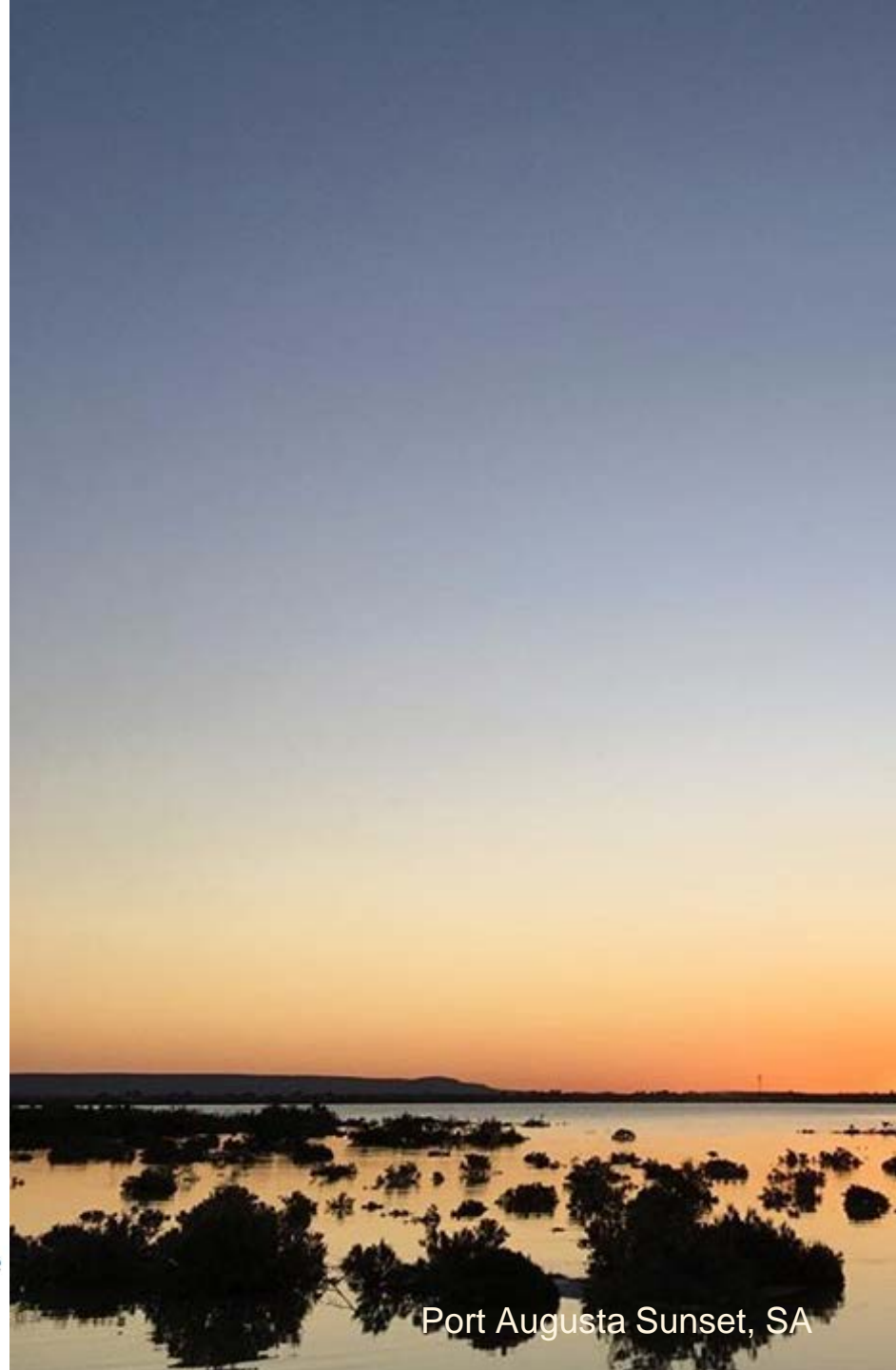
- At initial session: 14.8 (± 13.2)
- At Completion: 2.3 (± 3.3)

Anxiety Scores:

- At initial session: 10.9 (± 13.0)
- At Completion: 1.5 (± 1.0)

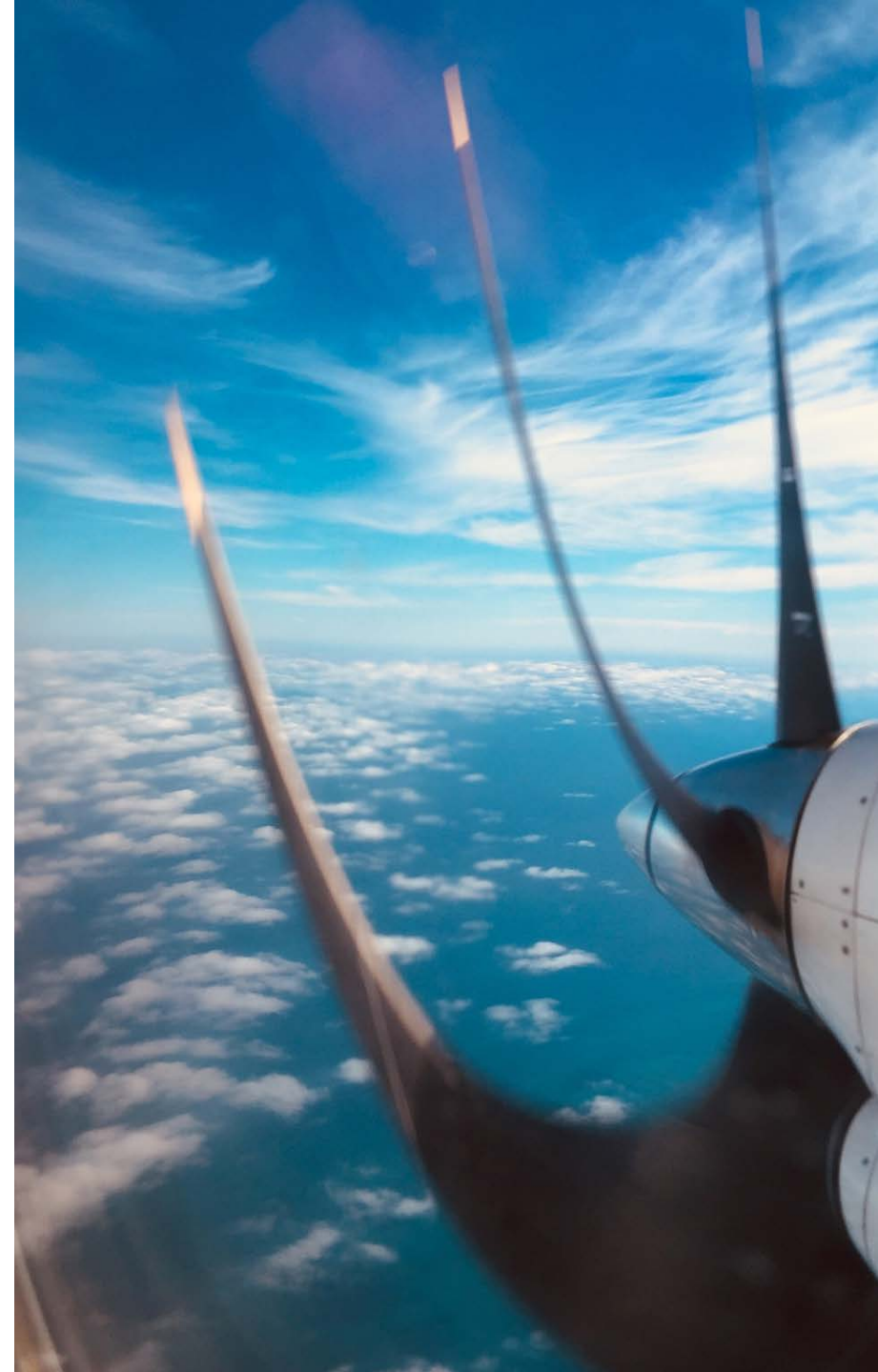
Stress Scores:

- At initial session: 16.3 (± 11.5)
- At Completion: 4.0 (± 3.3)



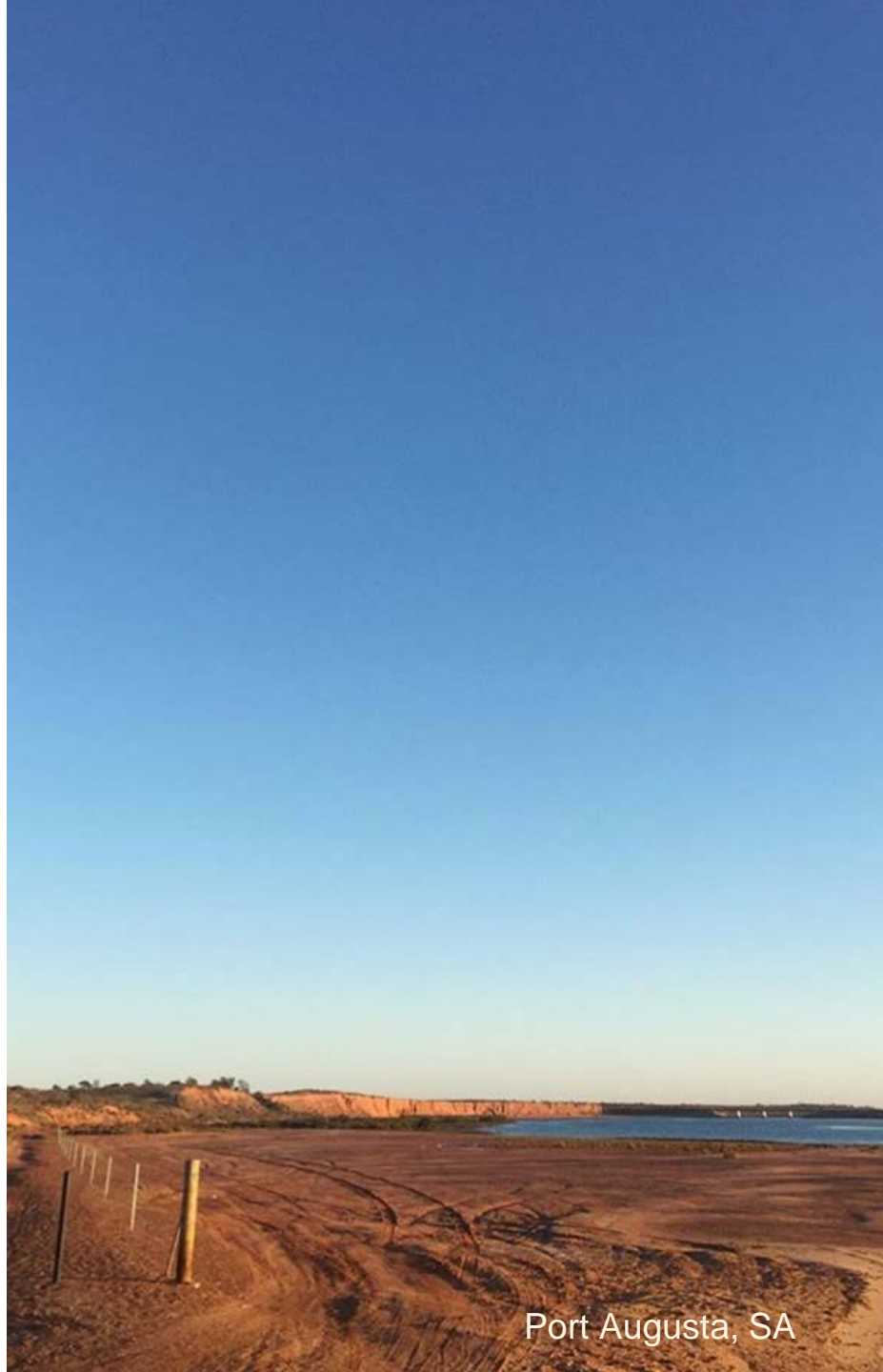
Key outcomes and feedback:

- 2-3 times level of engagement compared to the previous service
- Individual qualitative feedback has consistently supported a high level of satisfaction with the hybrid community based service model, practitioners and practical and treatment outcomes.
- Feedback and response from rural and regional stakeholders has been positive and supportive of this model. We have already established some very supportive collaborative partnerships which we hope to build upon in the future.



Plans for future:

- Preliminary quantitative results are consistent of an effective service for the R&R community, combined with doubling of engagement and positive qualitative feedback suggests this program is expanding options for R&R communities.
- Since January 2018 we have visited an additional 8 rural areas and made contact with numerous mental health, health and community based organisations in each.



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Q&A

