e-therapy and SMS: A feasibility study

Presented by Dr Simone Rodda

Research Team

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Background

- Online counselling (chat and email), community forums, self-help, websites offered for more than 15 years (7 years in Australia)
- Previous research involving Gambling Help Online chat and email clients indicate frequently aged less than 35 years, frequently first time help seekers and almost all classified as problem gamblers (Rodda & Lubman, 2014).
- A single session may be associated with improved readiness and reduced psychological distress when measured immediately following an online session (Rodda, Dowling, et al., 2016).

Background

- The experiences of gamblers accessing this range of services has never been examined nor has there been any research investigating what gamblers do after they access low-intensity or self-directed options.
- Gamblers accessing helplines in Australia proceed to access a whole range of low-intensity, high-intensity and self-directed options (Rodda, Hing, & Lubman, 2014).
- Focus of study on current e-therapy options (chat, email, modules, forums, website) and also text messaging. There are currently no published studies investigating text messaging and PG

Low-intensity

Synchronous chat: Chat is offered 24/7 and works similarly to instant messaging, where both the counsellor and client type in a secure environment. A typical counselling session has a 45-minute duration.

Asynchronous Email: Email support is provided via the same secure site as the real time chat. A client is allocated the same counsellor for two to three emails a week for approximately six weeks.

Self-directed

Website: The website provides information on gambling issues, interactive self-assessments, and strategies for regaining control as well as accessing support and helping others. In total, the site offers over 30,000 words of content across more than 20 separate pages.

Community forums: Forums are post moderated by a clinician 7-day week. Anyone can read and create a post in the forums, including gamblers, family, friends, professionals and the general community on topics such as strategies for change and stories of recovery.

Very brief self-help:. Intentionally brief (5 to 10 minutes) and accessible as standalone (can do one or two at the time this study was in the field).

Aims

1. What are the types and number of services accessed?
2. What help-seeking activities (low and high intensity) and self-directed options are accessed before and after e-health?
3. Does e-health make a difference to client outcomes over a 12 week period?
4. Does providing text messaging in addition to e-health improve gambling outcomes?

1. The characteristics of service users?

- Total 277 participants. More often male (62.8%, n=174) than female (37.2%, n=103).
- The average age was 39 years of age (SD=12.3) with a range between 18 and 77 years of age.
- The average G-SAS score at baseline was 29.5 (SD=7.5) with a range 5 to 48. The average urge rating was 9.6 (SD=3.1) and these scores ranged between 0 and 16 (maximum score).

Measures

Gambling Symptom Assessment Scale (G-SAS)

- 12-item - measures urges and symptom severity

Frequency of days gambled and amount of money spent

Readiness to change

- Willingness, readiness and confidence

E-therapy services accessed

- Low-intensity; Self-directed

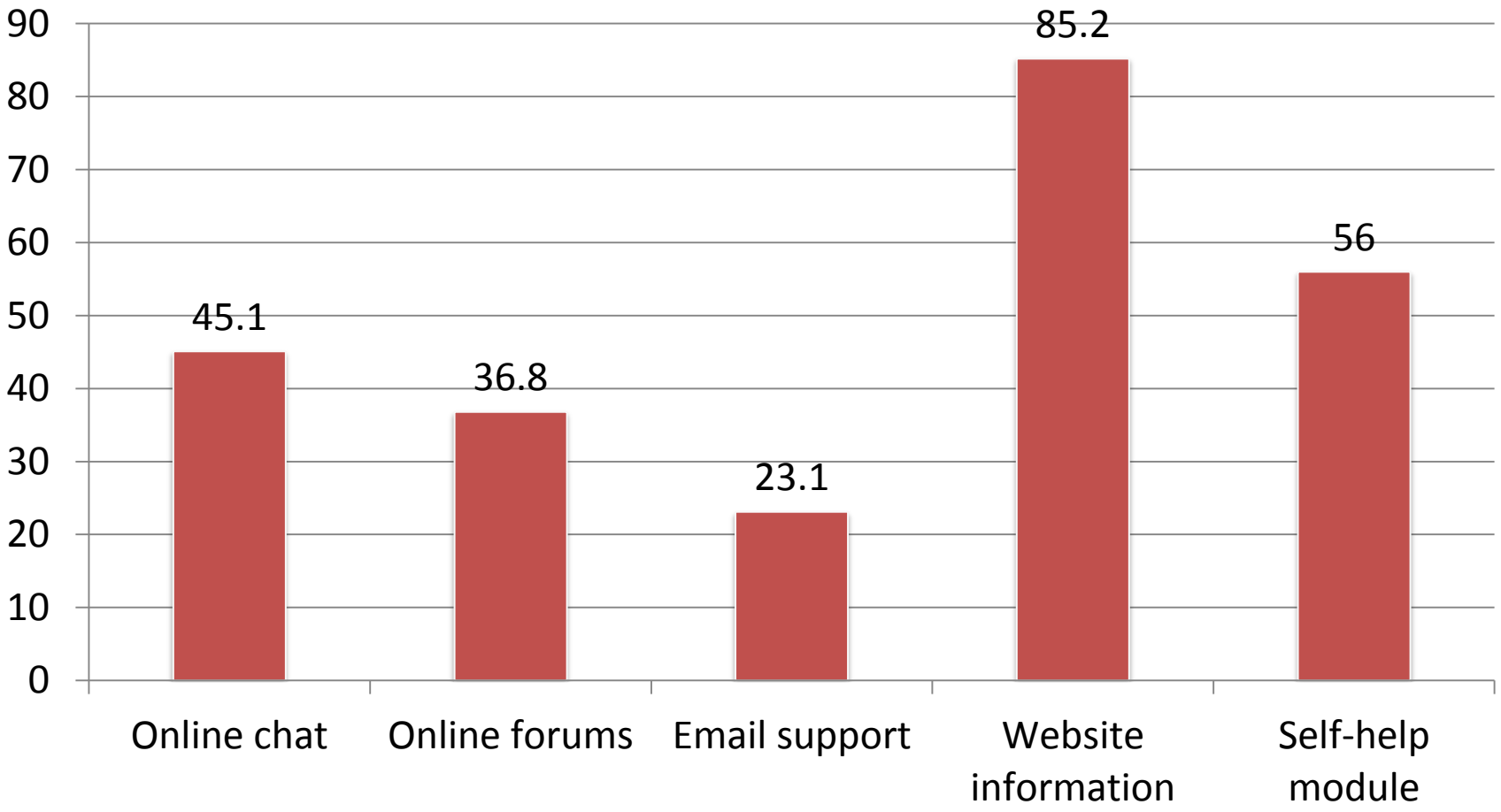
Help-seeking activities

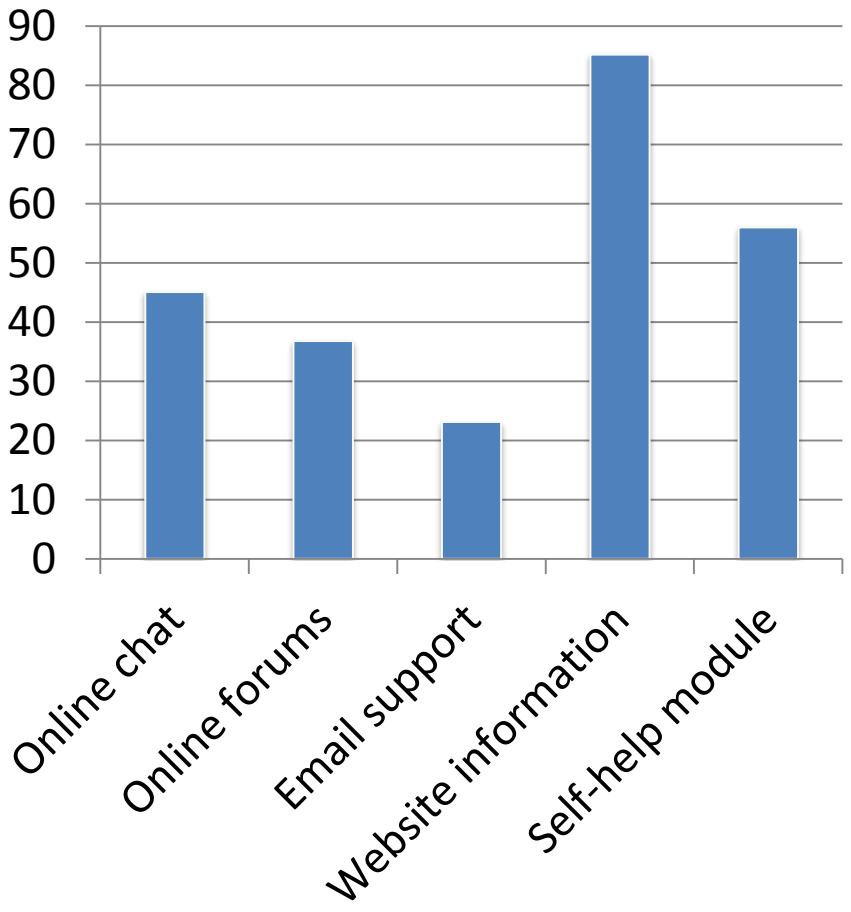
- Low-intensity; Self-directed; High-intensity

Procedure

1. At registration clients indicated “I am interested in someone checking in with me in four weeks”
2. An automated email promoting the study from the service to all registered and interested clients occurred between Dec 2014- Nov 2015
3. A link was provided to the baseline survey. This was managed by the TP research team (Qualtrics)
4. Participation in text messaging was offered at the end of the baseline survey (randomised by RA)
5. Those allocated to text messaging received their first message one week following registration (24 self-help messages over 12 weeks)
6. Clients requesting additional help during the study were chaperoned back into the service

1. Types and number of services accessed





Services access: 26 combinations

Most frequent combinations:
Website, forum, module (14%)
Chat and website (11%)
Website and module (11%)
Chat, website, module (9%)
Website only (7%)
Chat only (6%)

2. Types and number of services accessed before/after

	Baseline (ever)	Past 4-weeks
Low-intensity		
Talked to a gambling help counsellor online	40%	32%
Sent an email to a gambling help counsellor	20%	21%
Phoned a gambling helpline	39%	19%
High-intensity		
Talked to a gambling counsellor face-to-face	23%	19%
Sought financial counselling by phone or face-to-face	17%	14%
Stayed in a residential facility for gambling	3%	2%
Talked to a psychologist, psychiatrist or GP about gambling	25%	19%
Attended a support group for gambling	13%	7%

Help-seeking prior to accessing e-therapy

	Baseline (ever)	Past 4-weeks
Self-directed options		
Read or posted in the online forums	35%	42%
Read information on the gambling help online website	77%	66%
Completed one of the modules on gambling help online	43%	49%
Self-exclusion from an online or land-based vnue	30%	25%
Talked to family members or friends about the gambling	73%	75%
Tried a self-help strategy like bugeting to reduce the impact	66%	83%

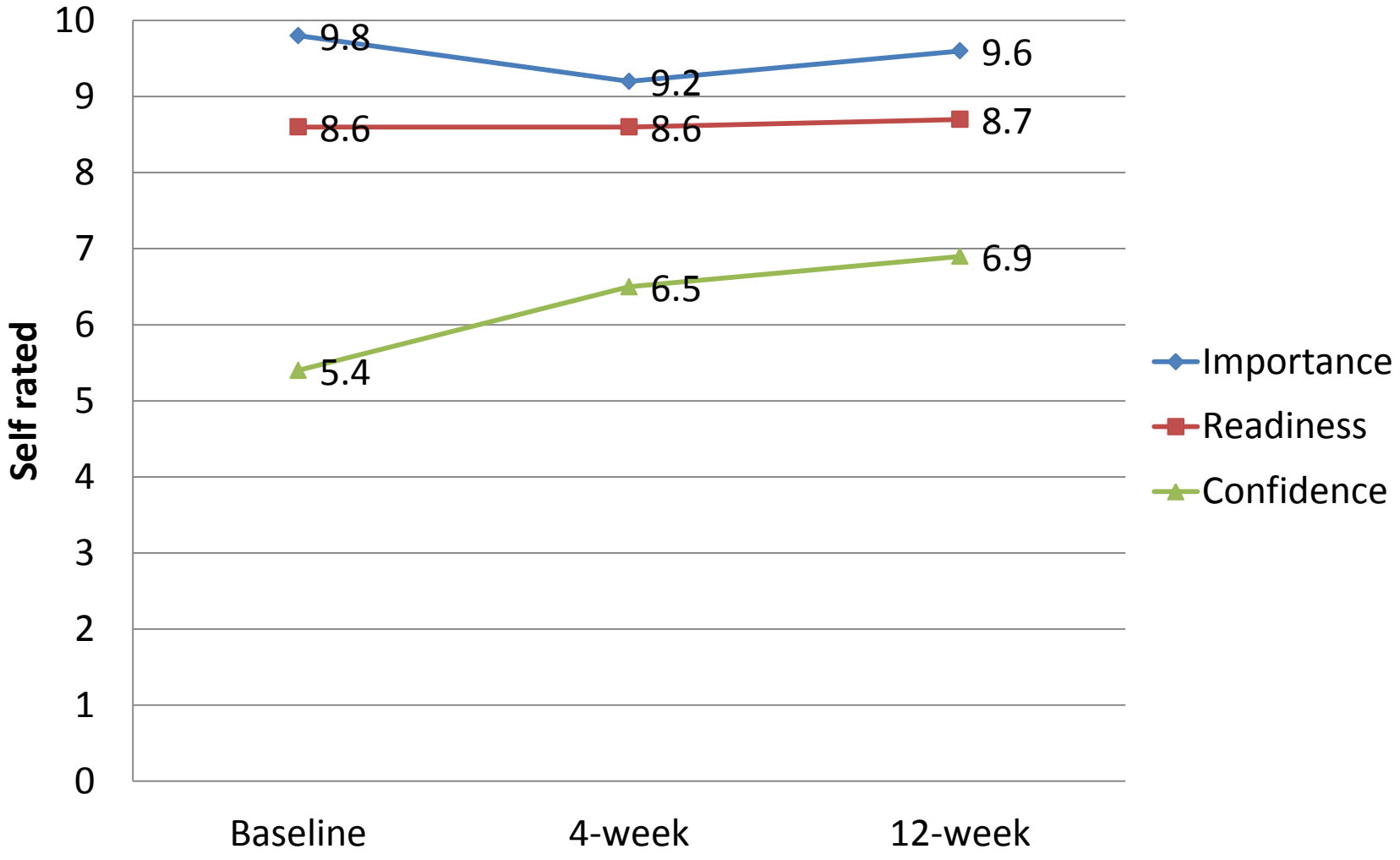
Help-seeking prior to accessing e-therapy
Access to service options at 4-weeks included a combination of new and previous treatment seekers
Clients continued to access services for the first time in the 30-day period before 12 week follow-up (e.g., 7 new face-to-face, 19 new email clients, 22 new forum users)

3. Does e-health make a difference over a 12 week period?

	Baseline M (SD)	4-weeks M (SD)	12 weeks M (SD)
Gambling Severity			
Low intensity e-therapy	30.8 (9.5)	13.9 (9.7)	14.7 (11.6)
Self-directed (websites, modules)	29.7 (5.7)	16.2 (8.7)	22.5 (11.2)
Frequency of gambling			
Low intensity e-therapy	18.9 (16.2)	6.7 (11.3)	4.5 (8.7)
Self-directed (websites, modules)	18.5 (13.2)	7.9 (9.4)	10.4 (11.6)
Money spent gambling			
Low intensity e-therapy	4334 (5151)	760 (1213)	753 (1461)
Self-directed (websites, modules)	3117 (3864)	952 (1429)	988 (1392)

Participants accessing websites and very brief modules (<10 minutes) reported significant reductions on all indicators

Participants accessing a person-to person interaction reported greater reductions on all indicators than those that accessed an intervention without therapist involvement



Self-rated importance, readiness and confidence to resist an urge across the 12-weeks. Significant increase in confidence between baseline and 4 weeks and then 4 to 12 weeks.

4. Does providing text messaging in addition to e-health improve gambling outcomes?

	Baseline	4-weeks	12 weeks
Gambling Severity			
Text messaging	30.3 (7.7)	14.9 (8.9)	19.1 (11.4)
No text messaging	29.2 (7.9)	15.6 (9.1)	18.0 (13.3)
Frequency of gambling			
Text messaging	20.5 (14.2)	7.5 (10.9)	7.7 (10.5)
No text messaging	16.8 (15.6)	6.9 (10.2)	6.7 (10.1)
Money spent gambling			
Text messaging	4098 (5271)	818 (1414)	639 (1104)
No text messaging	3575 (4048)	860 (1179)	1073 (1685)

Test messaging versus standard follow-up
Significant reductions from baseline to 12 week follow up.
Most gains made by 4 week follow-up.

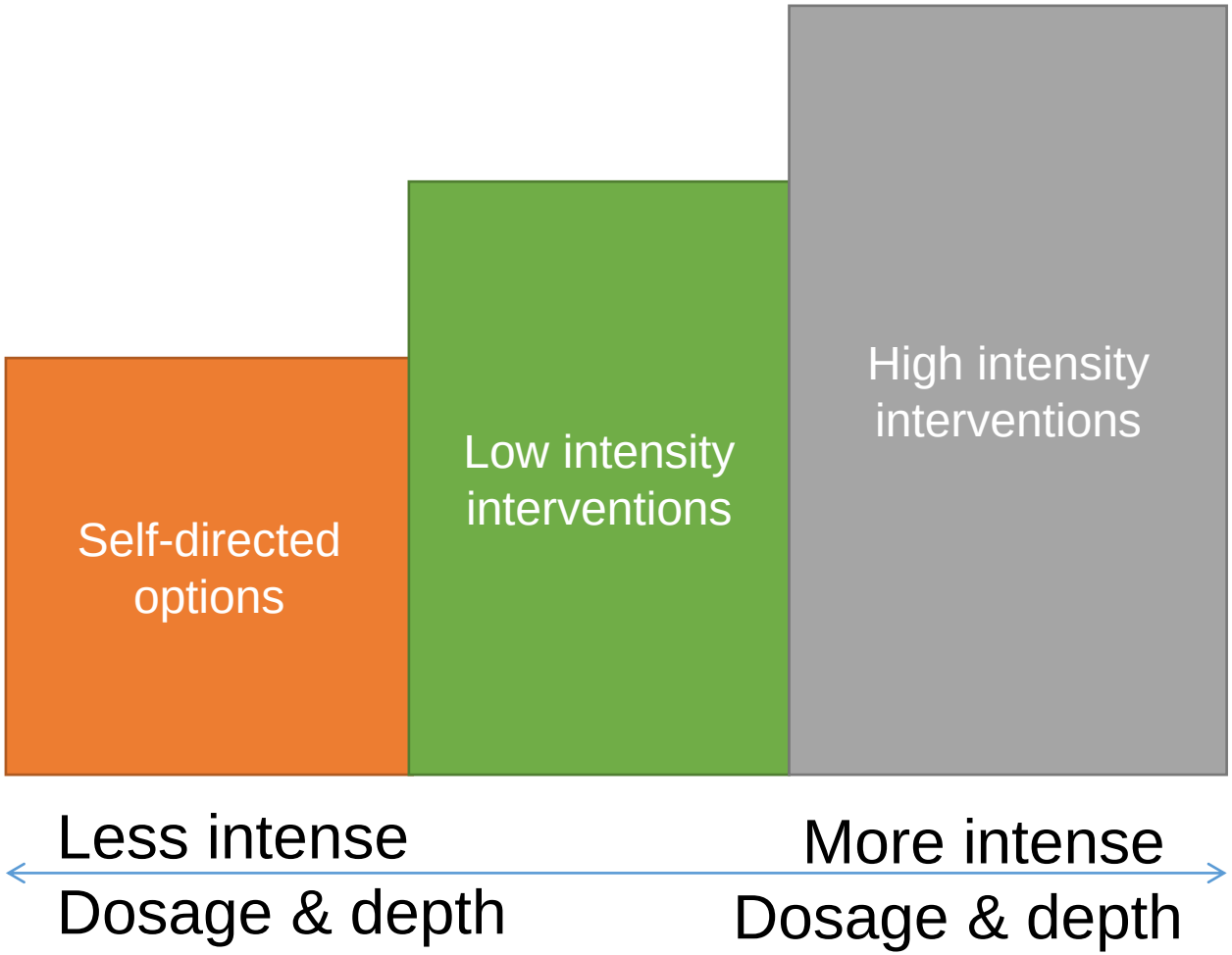
Clinical Implications

1. Services are used in combination. Very few clients use just one service option
2. E-therapy makes a difference over a 4 and a 12 week period but there was a slight increase between 4 and 12 weeks. This suggests additional support/intervention may be helpful.
3. Gamblers engage in a range of options before and after accessing e-therapy

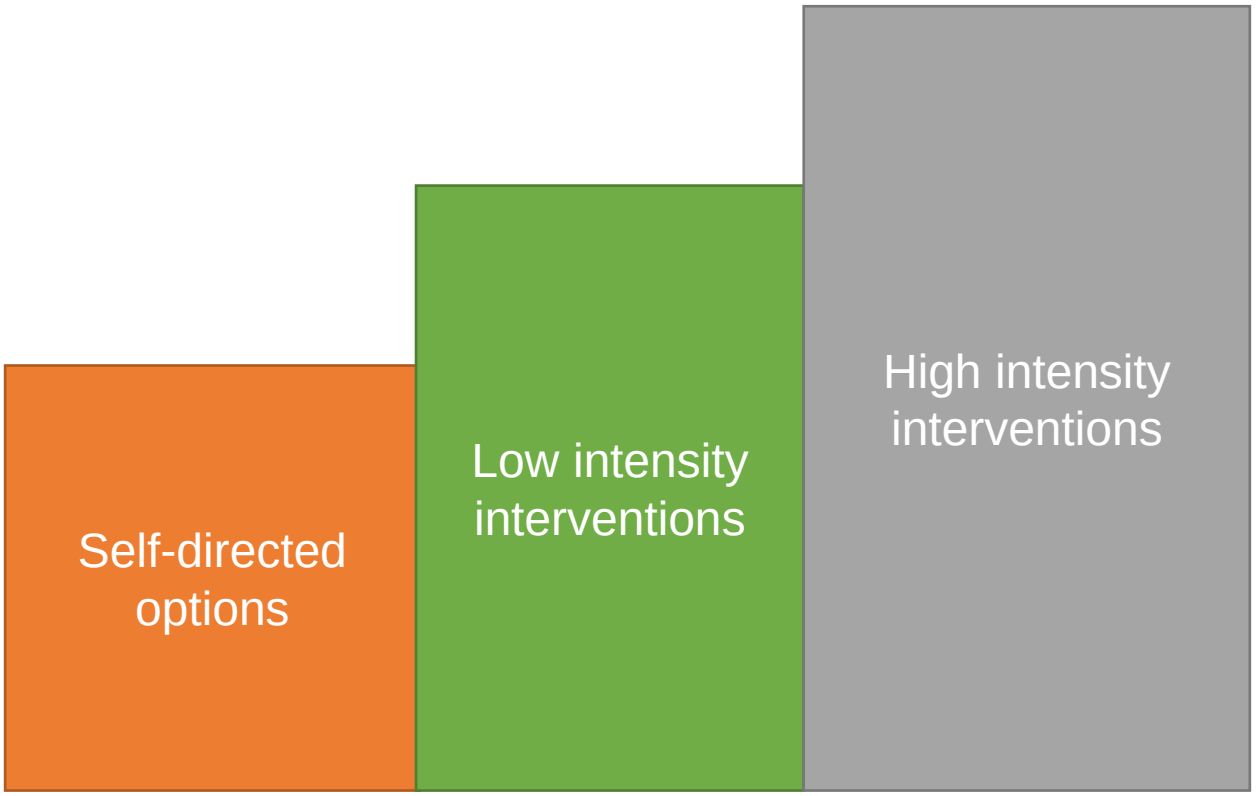
Talked to a gambling help counsellor online	Talked to a gambling counsellor face-to-face
Sent an email to a gambling help counsellor	Sought financial counselling by phone or face-to-face
Phoned a gambling helpline	Stayed in a residential facility for gambling
Read or posted in the online forums	Talked to a psychologist, psychiatrist or GP about gambling
Read information on the gambling help online website	Attended a support group for gambling
Completed one of the modules on gambling help online	Talked to family members or friends about the gambling
Self-exclusion from an online or land-based venue	Self-help strategy like bugeting to reduce the impact

Almost all participants had engaged with a service or attempted self-change prior to accessing one of the e-mental health options (94%).

The average number of options accessed was 5

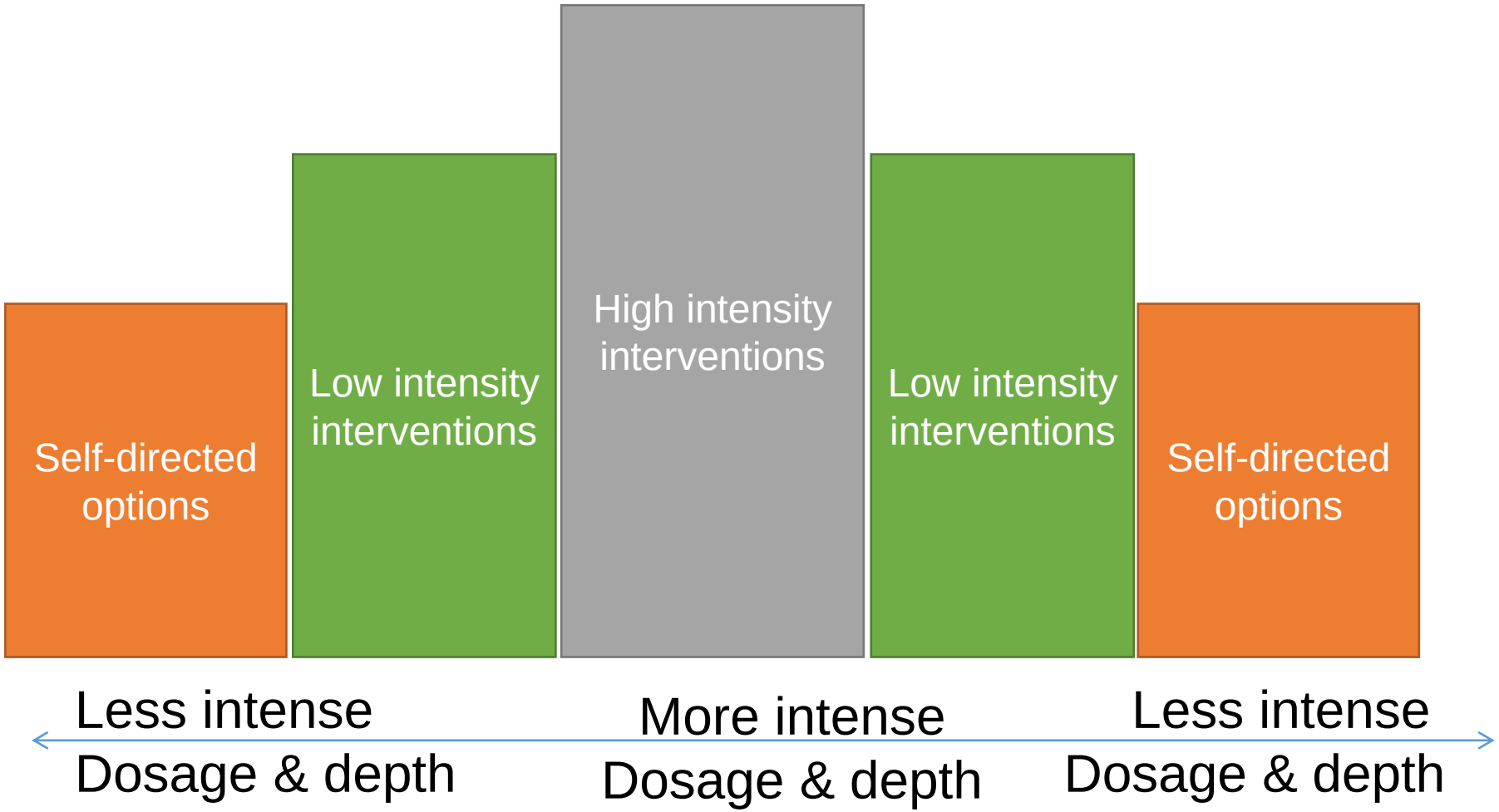


A stepped care approach to addressing problem gambling



Push-pull back to gambling

A stepped care approach to addressing problem gambling



A revised stepped care approach to addressing problem gambling (Rodda, 2016)

Implication of trial to messaging

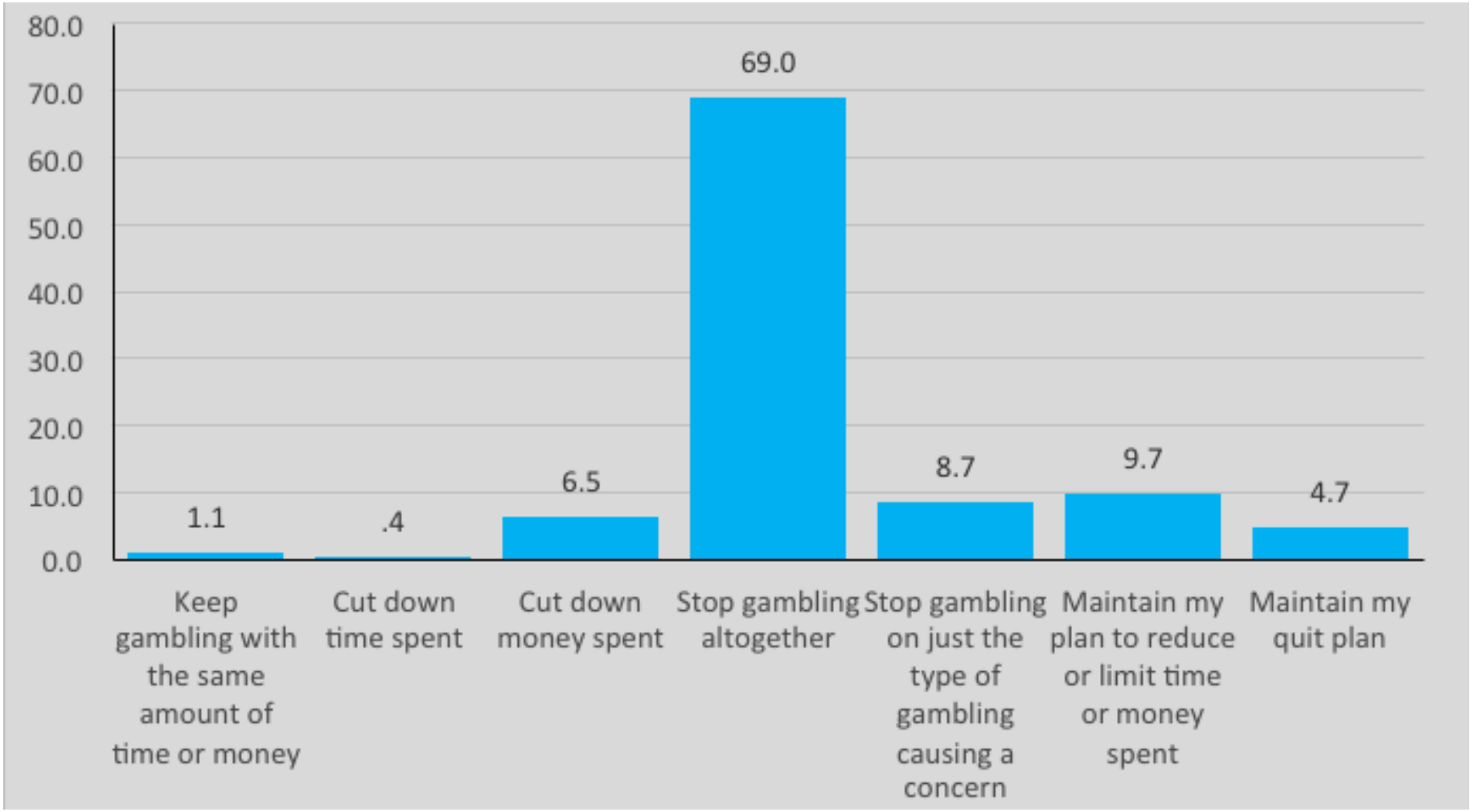
- SMS does not add to the suite of options at least in the short term. This could be because:
  - Needs met (people got what they needed)
  - Interactivity and content of message

Messages were delivered on Monday and Wednesday after sign-up to the trial:

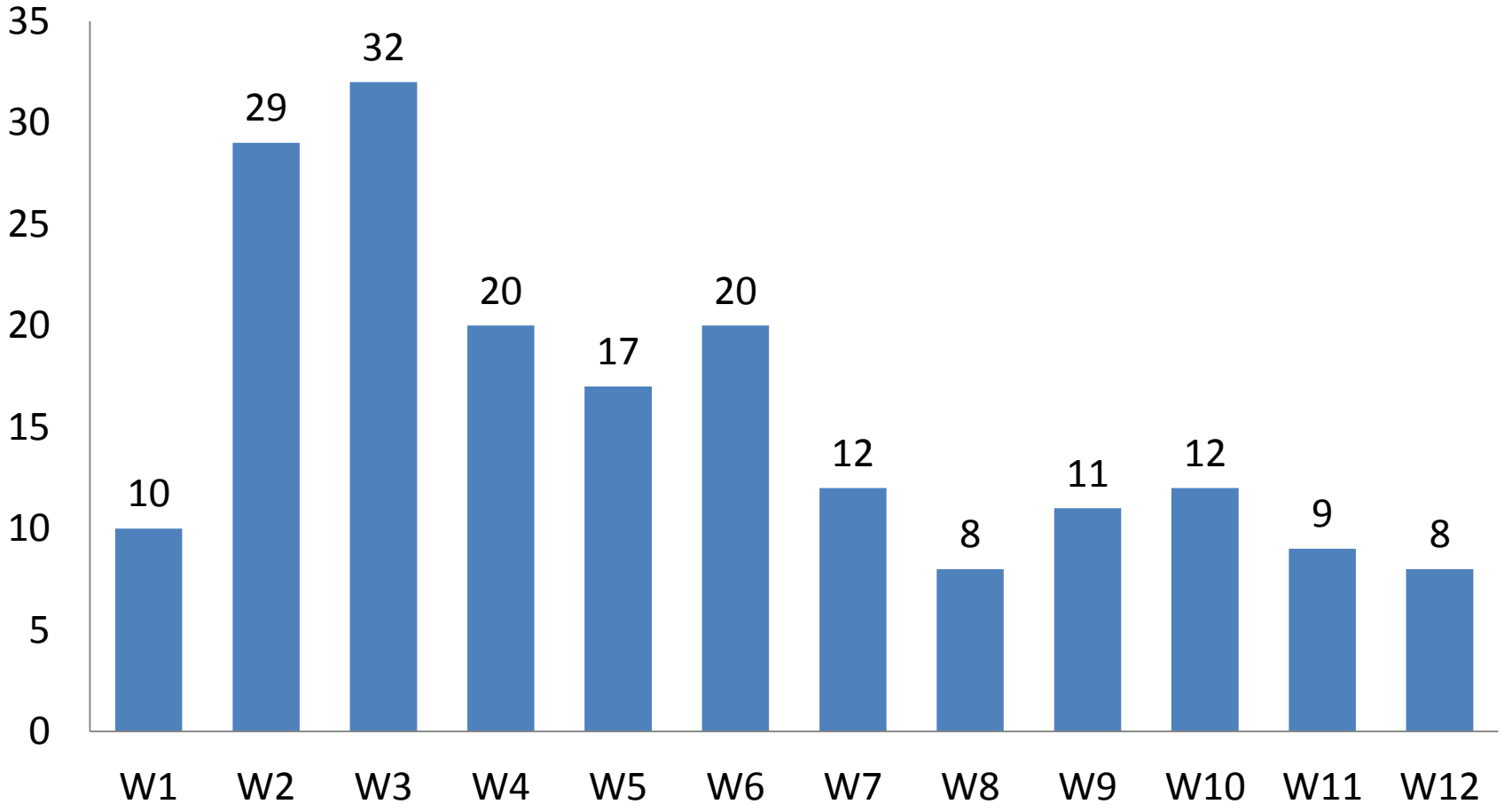
- *Welcome to the SMS-enhanced gambling help service, we will be sending you some helpful tips (on a Wednesday) and keeping track of your success (on a Monday) – great to have you on board :)*

On the following Monday, after having received a self-help message on Wednesday, participants were asked how the tip worked:

- *Hope you are well. Was the quick tip helpful last week? Would a call back be helpful? Text HELP and a counsellor will call you within 24 business hours.*



Participant goals of treatment was most often to stop gambling altogether followed by maintain change plan



Number of text messages to the research team over the trial 12 weeks
One-third of participants made contact at week 3

Feedback on usefulness of text messaging

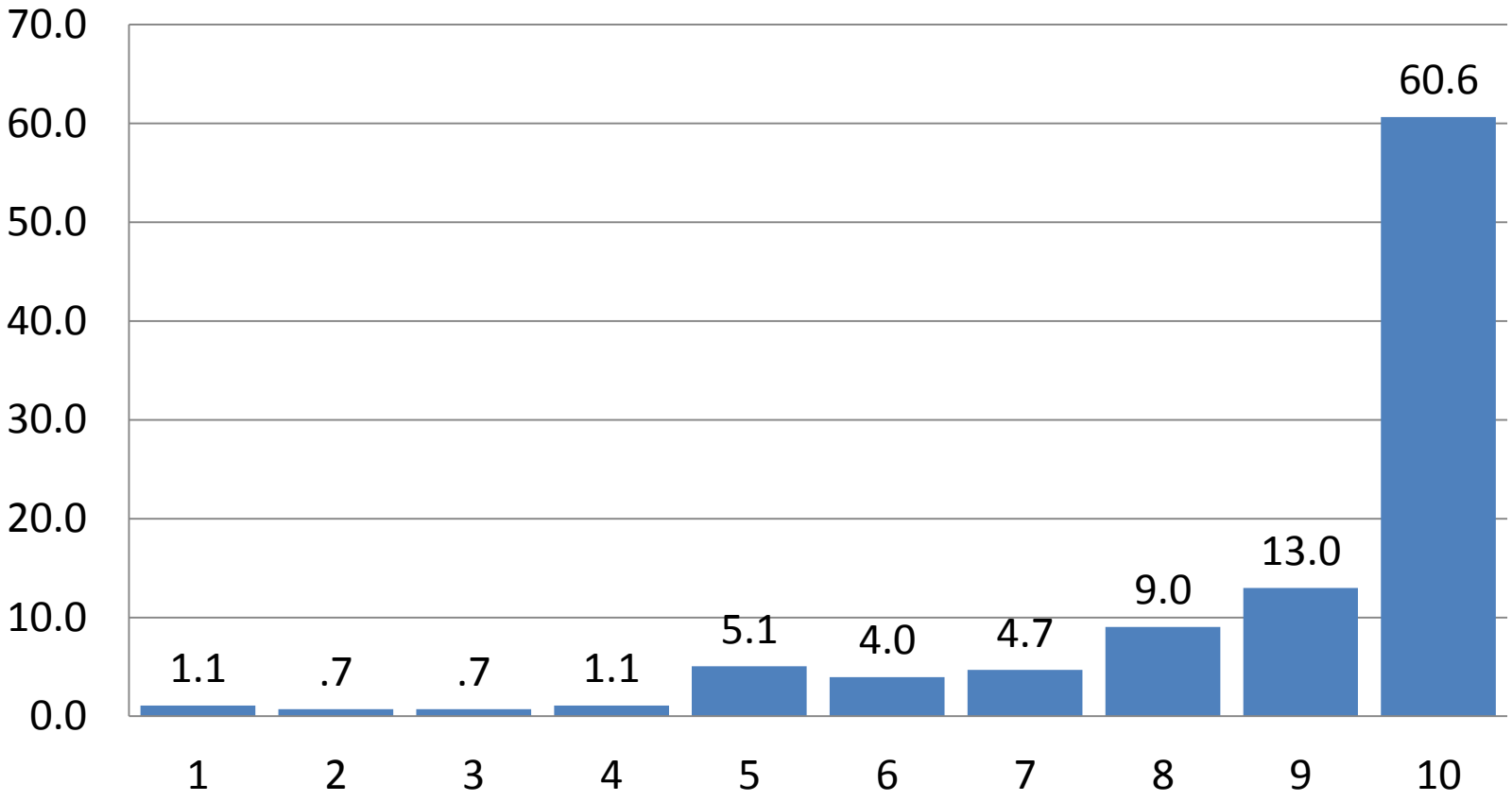
- They were a reminder to act or try something new or were a helpful reminder to continue making improvements
  - *yes Ty. Although I had a bit of a set back a few days ago. But u am back on track Ty*
- Where unhelpful this was due to lack of tailoring
  - *I have self-motivation/ I'm sick of losing thousands*
- Text messaging in general helpful as well as the process of receiving messages helpful
  - *“You know what’s helpful? Having a message every week that says "hope you are well". I Appreciate it”*

Implication of trial to messaging

- Low interactivity (tailored by SOC, goal)
- Content of message
  - More sophisticated messaging
  - Time frame - is 12 weeks too long or too short
  - What is the optimal number of messages per week?
  - Tailored by SOC (motivational not helpful for treatment seekers)
  - Take into account movement across change over treatment period – avoid opt-out by maintaining pace with client

Implication of trial to messaging

- Low interactivity (tailored by SOC, goal)
- Content of message
  - Tailored by SOC (motivational not helpful for treatment seekers)
  - More sophisticated messaging
    - Focus on coping rather than action
- Optimal time frame not known - is 12 weeks too long or too short
- Take into account movement across change over treatment period



Participants rated their readiness to limit or quit their gambling. The average rating was 8.8 (SD=1.9) with a range of 1 to 10.

Where to from here?

Tailoring of messages

- Access to a bank of messages (NZ trial)
- Further refinement in messages for relapse prevention, stage of change and treatment goal

Longer term follow-up of e-therapy clients

The message matters not just the convenience of the medium

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