Connecting Science and Practice: The Impact of Gambling Research on Clinicians

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Connecting Science and Practice

- **Institute of Medicine Report (IOM):**
  - *Bridging the Gap between Research and Practice (1998)*
  - *From Bench to Trench* (Rawson, 2003).

- **Goals of the IOM report:**
  - Reduce the barrier between research and practice
  - Reduce the time between an innovation and adoption of the innovation into practice
  - Increase communication between researchers and practitioners: *From Trench to Bench*
Connecting Science and Practice

- A number of programs were initiated after the IOM report. Examples include:
  - Substance Abuse and Mental Health Service Administration (SAMHSA):
    - Practice Improvement Collaborative
  - National Institute on Drug Abuse (NIDA):
    - Clinical Trials Network:
  - Problem gambling:
    - Not yet a research home
Connecting Science and Practice

- Development of a plan for connecting Science to Practice requires clarity in a number of areas, including:
  - Research in assessment and treatment of problem gambling
    - Reno model
  - Knowledge about the workforce
    - Characteristics
    - Training needs
  - Technology transfer of empirically supported innovations
    - Where does technology transfer fit into the RENO model?
- Summary
RESEARCH ON ASSESSMENT AND TREATMENT OF PROBLEM GAMBLING
The Reno Model

Two Key Barriers to Advancing Responsible Gambling

- Lack of Conceptual Clarity
- Absence of Consensus
Lack of Conceptual Clarity

- Multitude of Terms and Definitions
  - Problem Gambler
  - At-risk Gambler
  - Compulsive Gambler
  - Probable Pathological Gambler
  - Pathological Gambler
Lack of Conceptual Clarity

- The South Oaks Gambling Screen (SOGS)
  - Most widely used instrument in treatment studies
  - Not a diagnostic instrument

- The lack of uniformity hinders effective knowledge transfer
Lack of Conceptual Clarity

- Multitude of Treatment outcome measures
  - Over 30 different outcome measures used in the clinical trials and treatment outcome literature
  - Measures and definitions of effectiveness
    - Abstinence
    - Pre-Post statistical difference
    - Clinically significant differences
Best Practices
Clearly: Maybe

- Best Practice implementation urgent to ensure efficacious treatment and start the process

- It is detrimental to treatment to limit treatment options at this point, lacking more clinical data
Cognitive Interventions

- Strongest Empirical Support
  - Cognitive Correction
  - Chance and Randomness clarification
  - Problem Solving
  - Social Skills
Medical Treatment

- Encouraging Evidence
  - SSRI’s
  - Nalmefene, Naltrexone
  - Mood Stabilizers

- Remaining Problems
  - Placebo response
  - Co-occurrence (what is being treated)
  - Longevity
Brief Interventions and Self Help

- **Brief intervention with college students** [12]
  - Built on MI and CBT principles
  - High recruitment, completion, and follow-up rates

- **Self help manuals** [13]
  - Promising results with 84% of participants reporting reduced gambling behavior at 12 months

- **Gambler’s Anonymous in combination with professional treatment** [14]
  - Most commonly used treatment method
  - Number of GA meetings attended significantly and independently associated with gambling abstinence
Workforce Issues

- More research on the gambling treatment workforce needed to improve outcomes and quality of services [21,22]

- 181 psychologists employed by the Veterans Administration surveyed in 2001.
  - Over 60% had not received any training on assessment or treatment of gambling disorders during their graduate training, internship or post-graduate training.
  - Almost half of the respondents had never attended or had the opportunity to attend a continuing education seminar or workshop on pathological or problem gambling psychologists receive training [23].
Workforce Issues

- Opportunity for researchers and providers to collaborate
  - Opportunity for clinicians to improve practices
  - Opportunity for researchers to access populations and conduct community based clinical research
- Investing in and understanding the gambling treatment workforce benefits research and treatment outcomes
- Now is the time to start collaborating as more and more research is coming out and gambling is our understanding of gambling is improving fast.
A Survey of the Pathological Gambling Treatment Workforce: Who They Are and How Better We Can Help Them

- 18 month grant awarded by the Institute for Research on Pathological Gambling and Related Disorders

- First national gambling treatment workforce survey in the U.S. (or elsewhere).

**Project aims**

- **Specific Aim #1**: Develop, pretest, and validate an instrument to measure the characteristics, attitudes, and training needs of the problem gambling workforce.

- **Specific Aim #2**: Administer the validated instrument to a purposive sample of gambling and substance abuse treatment providers in seven ATTC regions (a minimum of 12 states) that cover the major geographic regions of the US.

- **Specific Aim #3**: Convene an expert panel consisting of ATTC directors and internationally recognized gambling researchers to amass a set of recommendations to enable the development of an evidence-based curriculum firmly based on our findings.
Bringing Research Findings to the Workforce \([15,16]\)

- **Scientific advances are under-utilized by the addictions field**
- **Gambling presents opportunities and challenges in this regard**
  - New field with ability to influence practice
  - Early gambling research “hard to sell” compared to other addictions
Characteristics of the Workforce

- What do we know about the characteristics of the workforce?

- Educational background
  - Knowledge about basic counseling skills
  - Knowledge about assessment and planning an assessment strategies
  - Knowledge about empirically supported therapeutic strategies

- Age

- Gender
Additional Workforce

- Working situations
- Community based substance abuse treatment centers
  - Inpatient treatment centers
  - Outpatient treatment centers
- Community-based mental health centers
  - Inpatient mental health units
- Independent private practices
- Front line health care practices
Other Workforce Issues

- Supervision issues
- Administrative supervision
- Clinical supervision
STRATEGIES FOR TECHNOLOGY TRANSFER

CONNECTING SCIENCE AND PRACTICE
The ATTC Network: Serving the Field since 1993 [1]

- **The Addiction Technology Transfer center** is dedicated to identifying and advancing opportunities for improving addiction treatment.

- **Our mission** is to unify science, education, and services to transform the lives of individuals and families affected by alcohol and other drug addiction.

- **Funded by** the Substance Abuse and Mental Health Services Administration (SAMHSA)
The ATTC Network

Areas of Emphasis

- Enhancing cultural-appropriate assessment and treatment strategies for substance abuse
- Dissemination substance abuse assessment and treatment tools
- Building a stronger and better workforce
- Advancing knowledge adoption
- Forging partnerships in order to facilitate adoption
Prarielands ATTC (PATTC) [2]

- Iowa, Minnesota, Nebraska, North Dakota, and South Dakota
- PATTC heads the ATTC Network gambling initiative
- Lead Agent for the Annual Midwest Conference on Problem Gambling and Substance Abuse
What does Technology Transfer mean?

- Technology Transfer is producer-oriented
- Diffusion is user-oriented

Rogers 2004 (19)
Technology Transfer (Cont.)

Technology Transfer is more than a behavior change process. Both cognition and behavior must be impacted.

Technology Transfer Cycle

N.A. Roget, University of Nevada, Reno
P.K. Horvatich, Virginia Commonwealth University
A.H. Skinstad, University of Iowa
S.A. Storti, Brown University
2004

Department of Community & Behavior Health
Prairielands Addiction Technology Transfer Center
Knowledge Dissemination

Target groups:
- General public
- Professionals working in the casinos
  - EMERGE: Executive, Management, & Employee Responsible Gaming Education
Knowledge Dissemination (Cont.)

- Professional communities
- Pre-service
  - Counseling profession
  - Psychologists
  - Social workers and others
  - Health care professionals: physicians, nurses, physician assistants and others
- Post-service dissemination
Active Ingredients of Technology Transfer (TT)

- Roget (2002) (20) conducted a review of the technology transfer literature and found nine common themes regarding the processes of technology transfer.
Adoption of New Innovations

In order to facilitate adoption of new innovations, nine ingredients of Technology Transfer need to be included in the effort.
The Nine Ingredients of Technology Transfer

- Influence & Involve Opinion Leaders
- Ensure & Accessibility Suitability
- Provide Multiple Exposures
- Increase Personal Contact with Innovation
- Provide Positive Rewards
- Utilize Regeneration Strategies
- Enhance Ownership
- Include Bottom-up Perspectives
- Deal with Resistance
Provide Multiple Exposures

- Expose adopters to the new technology in various modes
  - Workshops
  - Conferences
  - Online education
  - CD-ROM materials
Increase Personal Contact with Innovation

- **Onsite technical consulting with innovator**
- **Toll-free telephone consulting**
Positive Rewards (Incentives) [16]

- “The single most poorly understood element of the research-practice formula is the need for treatment programs to be adequately compensated for their participation in research-practice activities” [17 p. 776].
  - Time is money
  - Space, supplies, and phones cost money
  - New treatments create expenses [17]
Enhance Ownership

- Clinical guides/manuals
- Literature reviews and meeting with other users of the technology
- Provide credible evidence that the technology is working
Include Bottom-up Perspectives

- Front line staff are members of the change team
- Find ways to integrate research findings into everyday clinical experience
- What works for whom and where?
- How to maximize adoption?
- Be creative and follow up.
Deal with Resistance [15, 16]

- Change is stressful
- Emphasize payoffs of change
- Include everyone, change cannot be successfully imposed
- Roll with resistance and realize that some resistance is legitimate and needs to be addressed
Summary
Summary

The field of assessment and treatment of problem gambling presents unique opportunities:

- New area of research
- New area for dissemination and adoption

Adopt strategies for effective dissemination and adoption from other fields:

- Build consensus on what technologies to disseminate
- Decide on use of dissemination or adoption strategies
Summary

- Support more research on problem gambling
  - Age and gender difference
  - Cultural differences
- Support more research on issues important for workforce development
- Support research on training needs

- Support curriculum infusion in:
  - Pre-service education of health care professionals
  - Continuing education of health care professionals

- Evaluate our educational efforts
Thank you

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References

References


References


