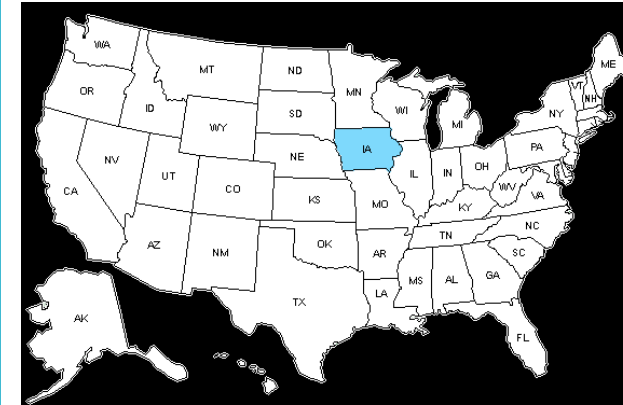


Iowa Gambling Treatment Outcomes: Factors Influencing Recovery



Eric Preuss¹

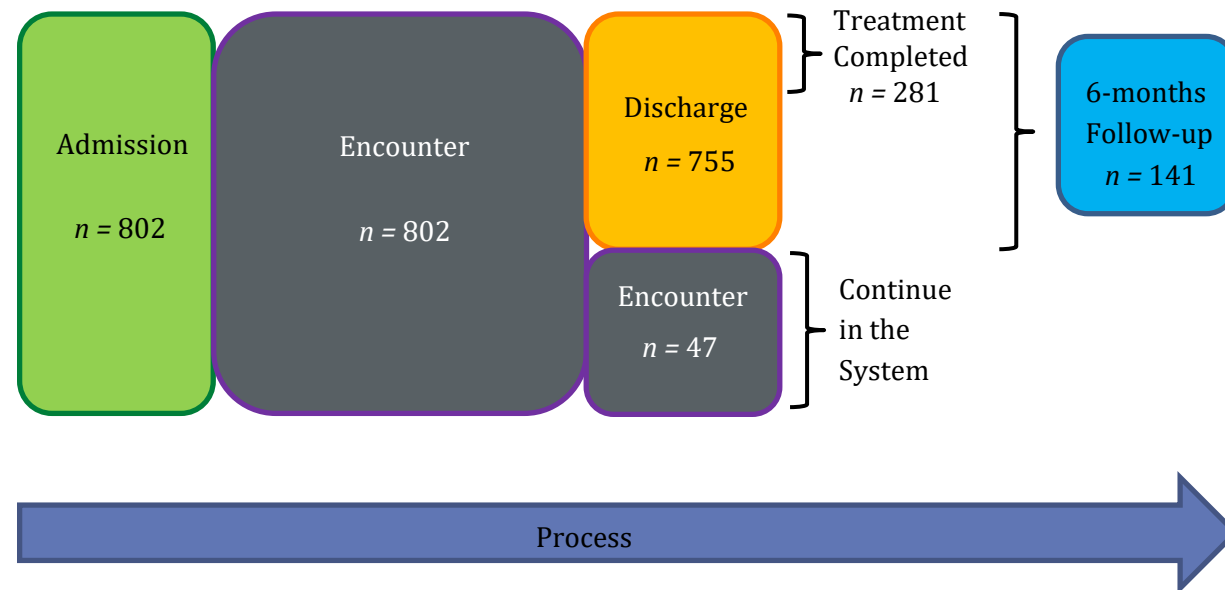
Ki H. Park²

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Iowa Gambling Treatment Outcome (IGTO) Evaluation Process

- The IGTO provides to the Iowa Gambling Treatment Program an outcome report every 2 years
- 2015 IGTO report

Number of clients in the 6-months follow-up between May 2012 and March 2015



This presentation is focused the 6-month follow up data

Iowa Gambling Treatment Program (IGTP)

- The **IOWA GAMBLING TREATMENT PROGRAM (IGTP)** works to reduce the harm caused by problem gambling by funding a range of services for Iowans.
 - ❖ Outpatient (including e-Therapy options)
 - Crisis Intervention
 - Individual and Group Counseling
 - Financial Counseling
 - ❖ Recovery Support Services (RSS)
 - ❖ Targeted Prevention and Education Services
 - ❖ State-wide helpline (1-800-BETS OFF) and website www.1800BETSOFF.org

Iowa Department of Public Health (IDPH) contracts with eleven local agencies to provide problem gambling prevention, treatment and recovery support services in eleven service regions that together serve Iowans in all 99 counties. Problem gambling treatment programs must be licensed by IDPH and are selected for contracting through a competitive request for proposals process.

Iowa Gambling Treatment Program (IGTP)

- Treatment for problem gambling is available for problem gamblers, concerned persons and family.
 - ❖ Eclectic approach providing treatment options to match/meet client needs.
 - Outpatient Counseling (including e-Therapy options)
 - Crisis Intervention
 - Individual, Family and Group Counseling
 - Financial counseling (including budgeting and debt reduction plans)
 - Recovery Support Services
 - Mental Health, Substance Use Disorder, Health & Wellness referrals as indicated/identified.
 - ❖ Methodologies
 - Behavioral therapies
 - Cognitive therapies
 - Choices Curriculum

Iowa Gambling Treatment Program (IGTP)

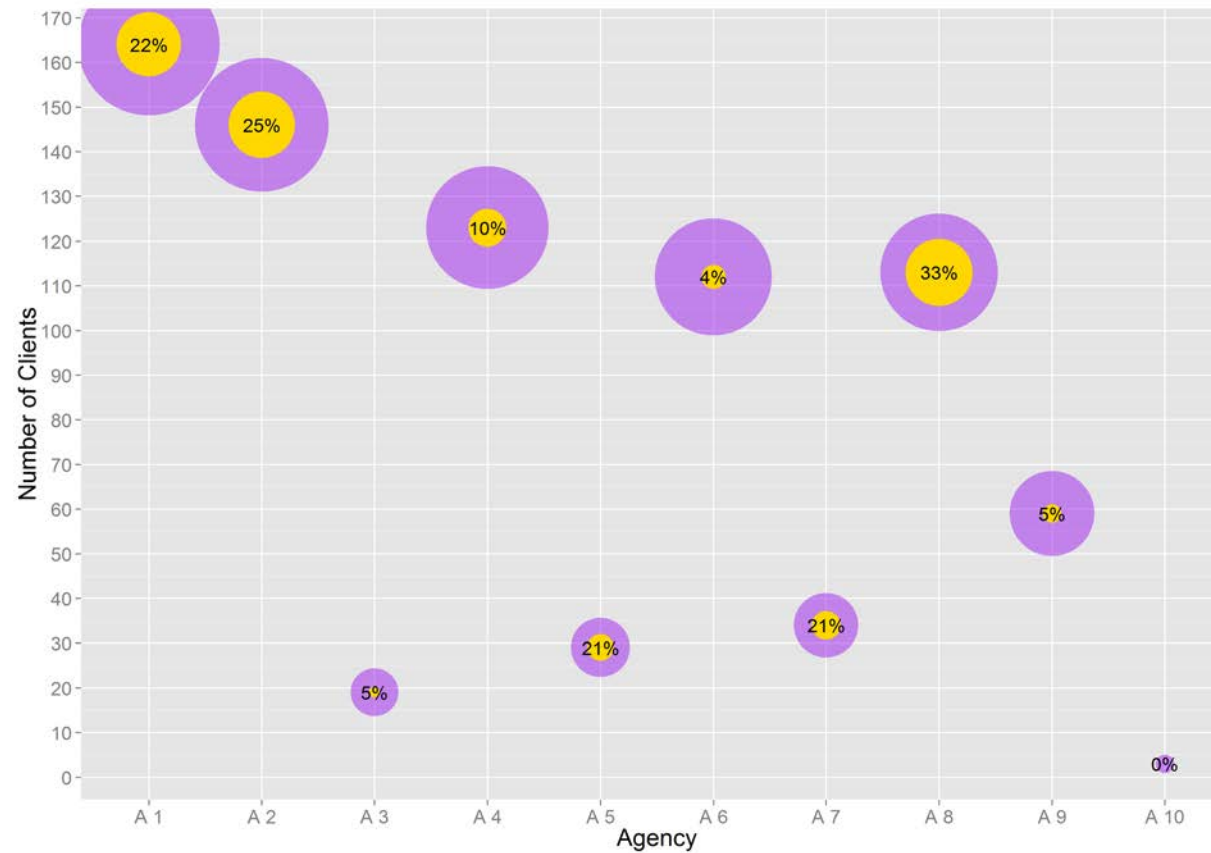
- Recovery Support Services (RSS)
 - ❖ Broad array of client-selected provider or community-based supports and services intended to further enhance and further the client's recovery journey
 - ❖ Clients select the RSS that best meets their needs through a care coordination process.
 - ❖ Funding for RSS is available only when the client does not have sufficient personal resources and there is not another funding source available (eligibility and documentation requirement)
 - ❖ Services
 - Care Coordination
 - Life Skills Coaching
 - Independent Living
 - Recovery Peer Coaching
 - Electronic Recovery Support Messaging
 - Supplemental Needs
 - Clothing/Personal Hygiene
 - Education
 - Gas Cards
 - Utility Assistance
 - Wellness
 - Housing Rental Assistance
 - Bus/Cab
 - ❖ [IGTP RSS Manual](#)

Iowa Gambling Treatment Program (IGTP)

	Agencies				
	A1	A2	A3	A4	A5
Clients	n=140	n=106	n=13	n=94	n=16
Complete treatment	n=39	n=29	n=2	n=3	n=3
Average service n	14.3	17.2	3.4	5.2	3.8
4 or more services	82%	84%	31%	23%	31%
1 or more e-therapy	57%	78%	15%	3%	6%
RSS	54%	23%	8%	9%	0%

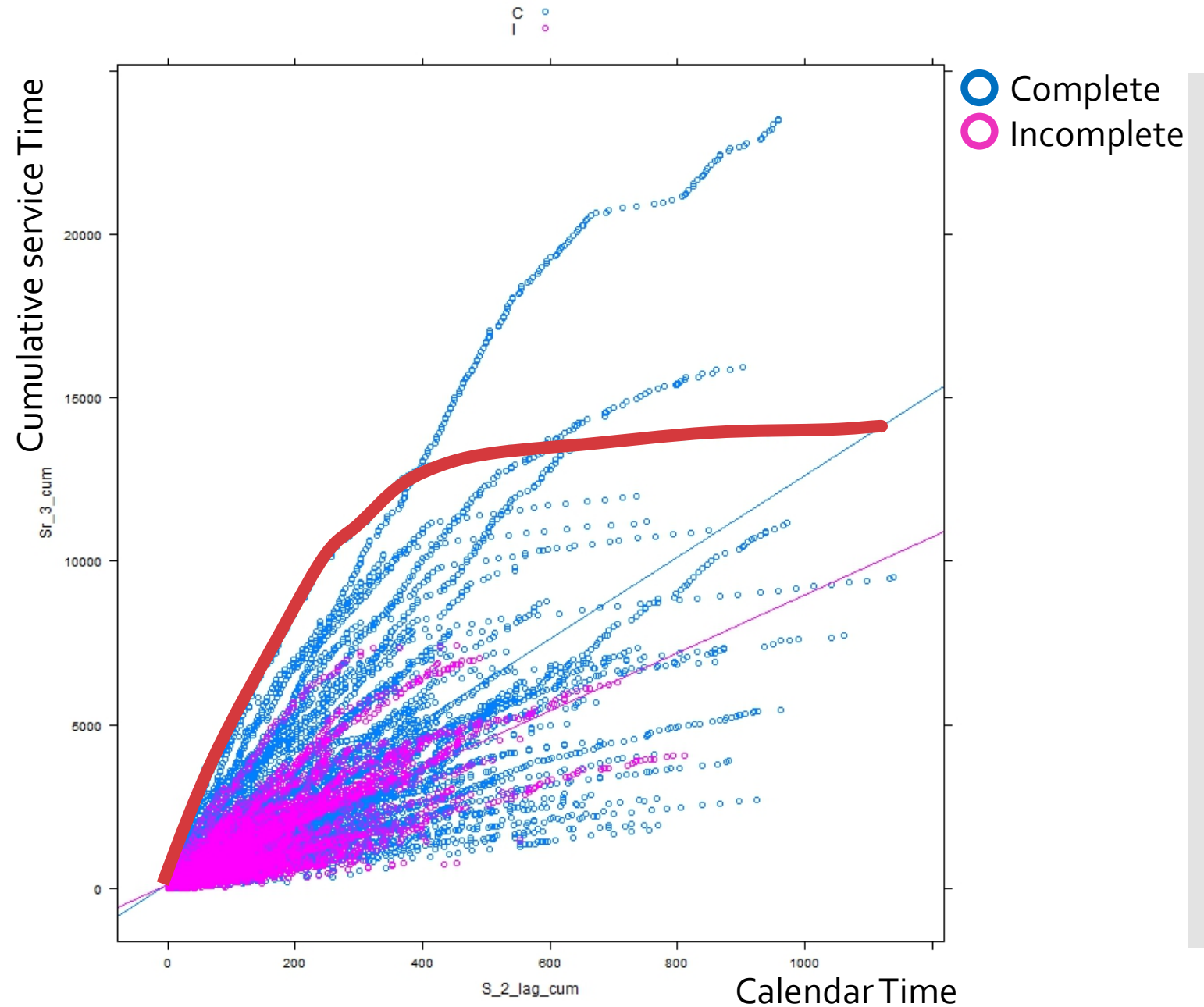
	A6	A7	A8	A9	A10
Clients	n=68	n=23	n=76	n=36	n=6
Complete treatment	n=12	n=4	n=25	n=12	n=0
Average service n	22.2	17.3	18.5	9.5	46.3
4 or more services	71%	61%	66%	28%	83%
1 or more e-therapy	7%	0%	79%	11%	17%
RSS	10%	13%	58%	19%	33%

Iowa Gambling Treatment Program (IGTP)(cont.)

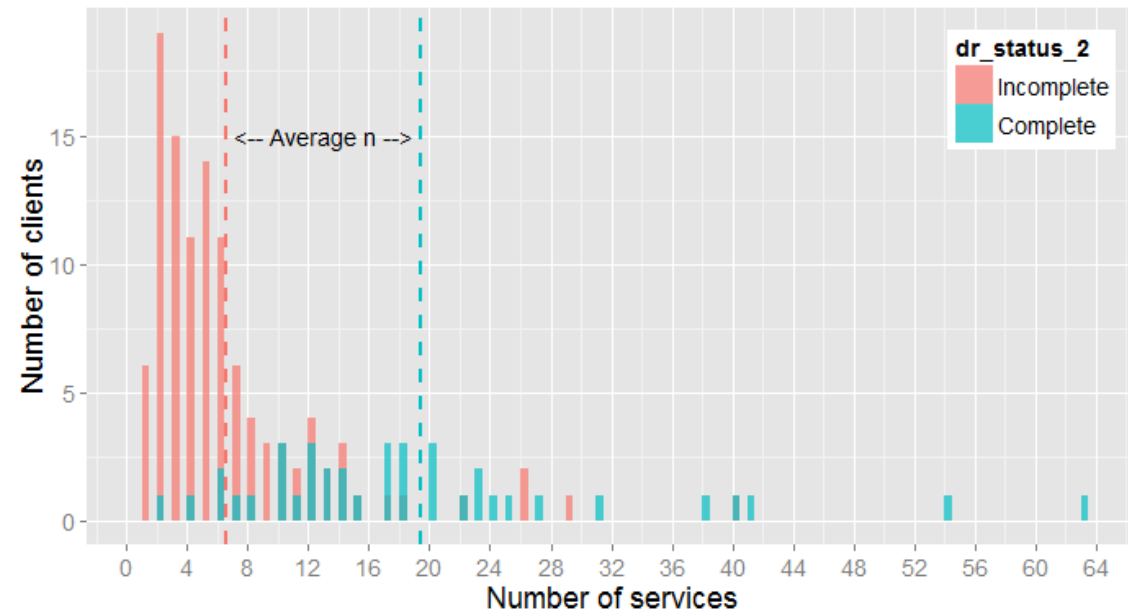
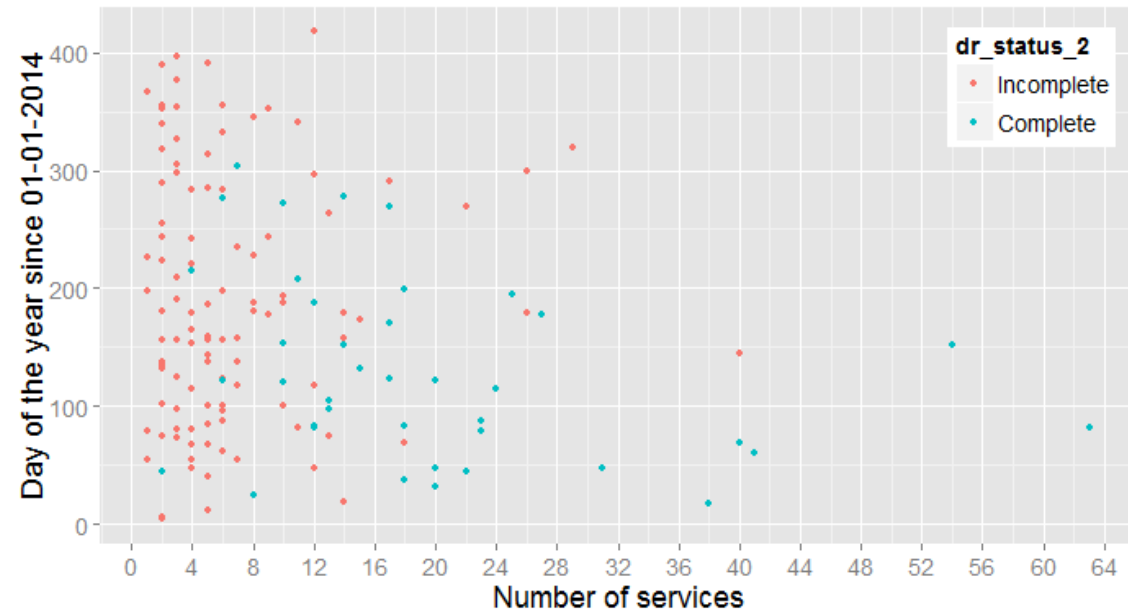


Admissions and 6-month follow up response rate
by agency

Iowa Gambling Treatment Program (IGTP) Service Patterns

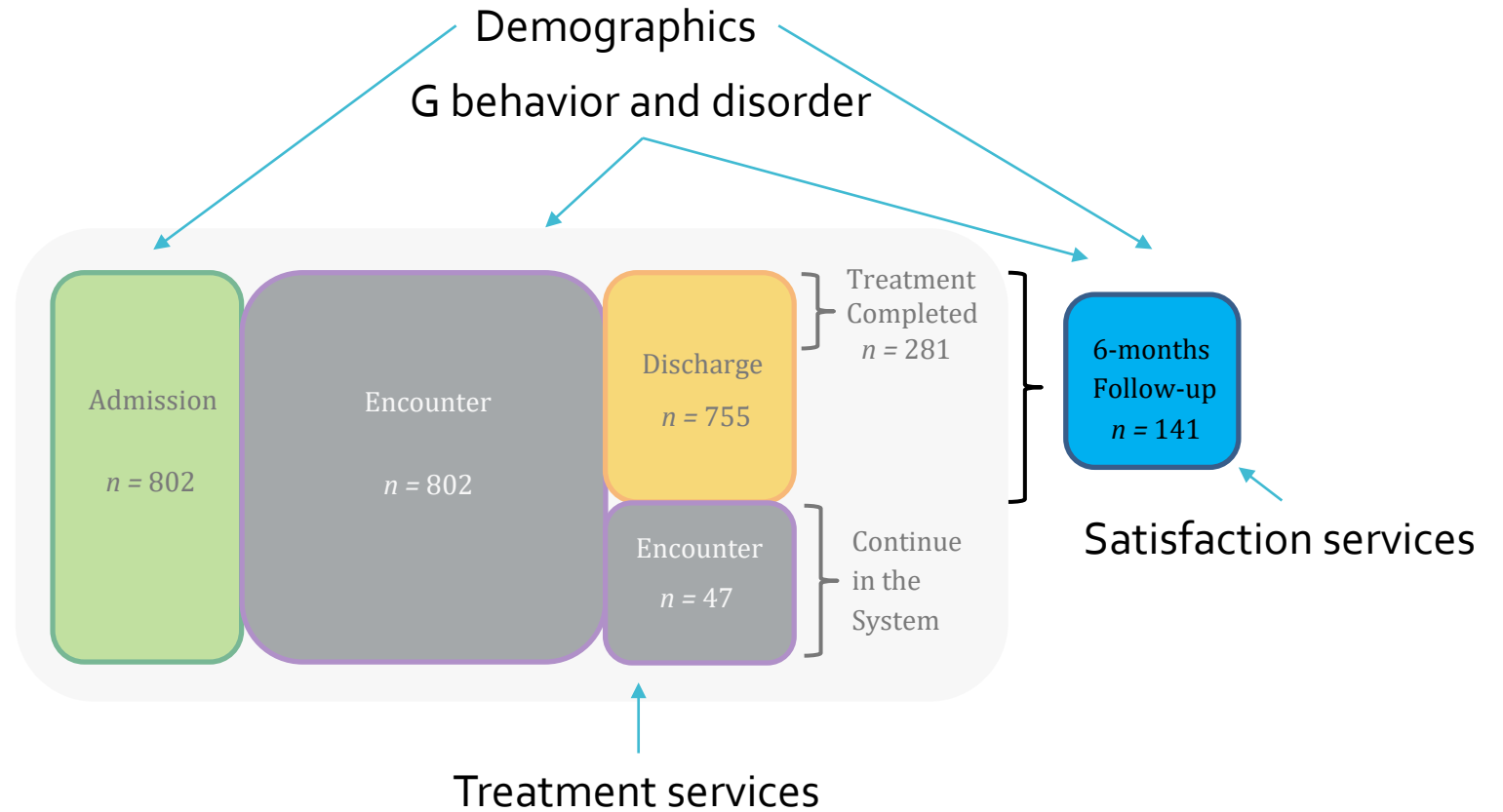


Iowa Gambling Treatment Program (IGTP) Service Patterns



Method

- 6 months after discharge for those consented to the follow up
- Mixed data collection with paper and phone.



Source of data between May 2012 and March 2015

Demographics characteristic between admission and 6-month FU

No difference in demographics characteristics

TABLE 4.1. Demographics of clients in I-SMART and 6-month follow-up samples

	I-SMART <i>n</i> = 802	6-month follow-up <i>n</i> = 141
Gender		
Male	48%	49%
Female	52%	51%
Ethnicity		
No Hispanic/Latino	97%	97%
Race		
Caucasian	93%	94%
African American	4%	4%
Other	3%	3%
Relationship		
Single	28%	25%
Married or cohabitating	42%	48%
Divorced or separated	23%	21%
Widowed	6%	6%
Other	1%	0%

Table 1. Snapshot of demographic comparison³

3. The comparison included also
Education
Employment status
Age group

Completion of treatment between admission and 6-month FU

Although the proportion of completed treatment was 36% in the I-SMART sample compared to 43% in the 6-month follow-up sample, this difference was not statistically different

Table 4.2. Proportions of discharge status by sample

		I-SMART n = 614	6-month FU n = 141
Discharge status	Incomplete	64%	57%
	Complete	36%	43%

Logistic regression

GAMBLING DISORDER DIAGNOSIS 6 MONTHS AFTER DISCHARGE

The dependent variable (DSM-5 diagnosis) was coded as

- 1 = “Disordered gambler”, and
- 0 = “No disordered gambler.”

The independent variables were:

Demographics and individual characteristics

- Gender
- Age, household income, race, marital status, employment & education

Service data

- Services received
 - Length of Service, Recovery Support Services (RSS), e-therapy
- Discharge status
- Intention to change gambling behavior

Substance abuse & mental health in the past 30 days

- Days count in the past 30 days: Tobacco, alcohol, drugs, and mental health

Context

- Agencies

Bivariate

Disordered gambling diagnoses by time of sample

		Admission n =141	Discharge n = 60	6-months follow-up n = 141
DSM-5 Gambling disorder	Yes	85%	5%	22%
	No	15%	95%	78%

Disordered gambling diagnoses by gender and RSS

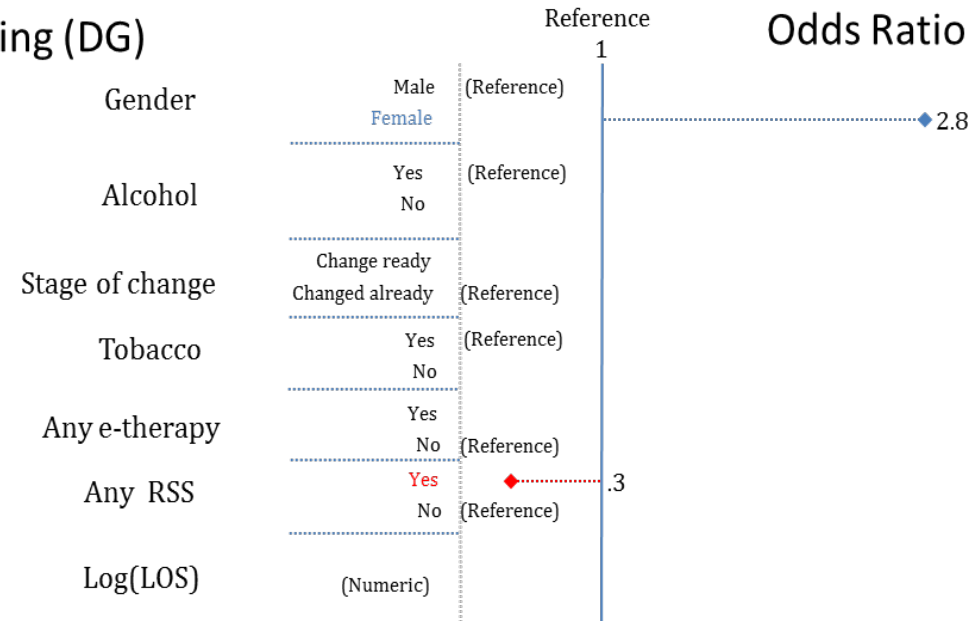
	DSM-5 Gambling disorder	
	No n = 110	Yes n = 31
Gender*		
Male	54%	32%
Female	46%	68%
RSS		
None	62%	74%
1 or more RSS	38%	26%

Logistic regression

DSM-5 GAMBLING DISORDER (DISORDERED GAMBLER)								
Variables in the Equation								
	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Constant	-1.728	0.680	6.454	1	.011	0.178		
Stage of change - Changed	0.061	0.438	0.019	1	.889	1.063	0.451	2.507
Female	1.037	0.458	5.116	1	.024	2.820	1.148	6.926
Tobacco	-0.542	0.453	1.429	1	.232	0.582	0.239	1.414
Alcohol	-0.633	0.435	2.111	1	.146	0.531	0.226	1.247
Log(LOS)	0.162	0.213	0.575	1	.448	1.176	0.774	1.786
Any E-therapy	0.542	0.469	1.336	1	.248	1.719	0.686	4.306
Any RSS	-1.122	0.540	4.311	1	.038	0.326	0.113	0.939

Logistic regression

Treatment Outcome: Disordered Gambling (DG)



- ❖ Female: 2.82 [CI: 1.15, 6.93]. Thus, females were 2.8 times more likely to be diagnosed as disordered gamblers 6 months after discharge than males.
- ❖ Any RSS: 0.33 [CI: 0.11, 0.94]. Those who received one or more RSS were 70% less likely to be diagnosed as gamblers 6 months after discharge.

Study Limitations & Summary

- Limitations
 - Non experimental. Cross-sectional data.
 - The “dosage” is not included as predictor of LOS
 - There has been a lot of effort to assure data integrity in this period, but it is still changing
 - Small data set with a lot of variations across the agencies
 - This is a picture of what is happening in Iowa, but may be very different in other places (e.g. funding)
- Summary
 - Effect of RSS is significant
 - Gender differences

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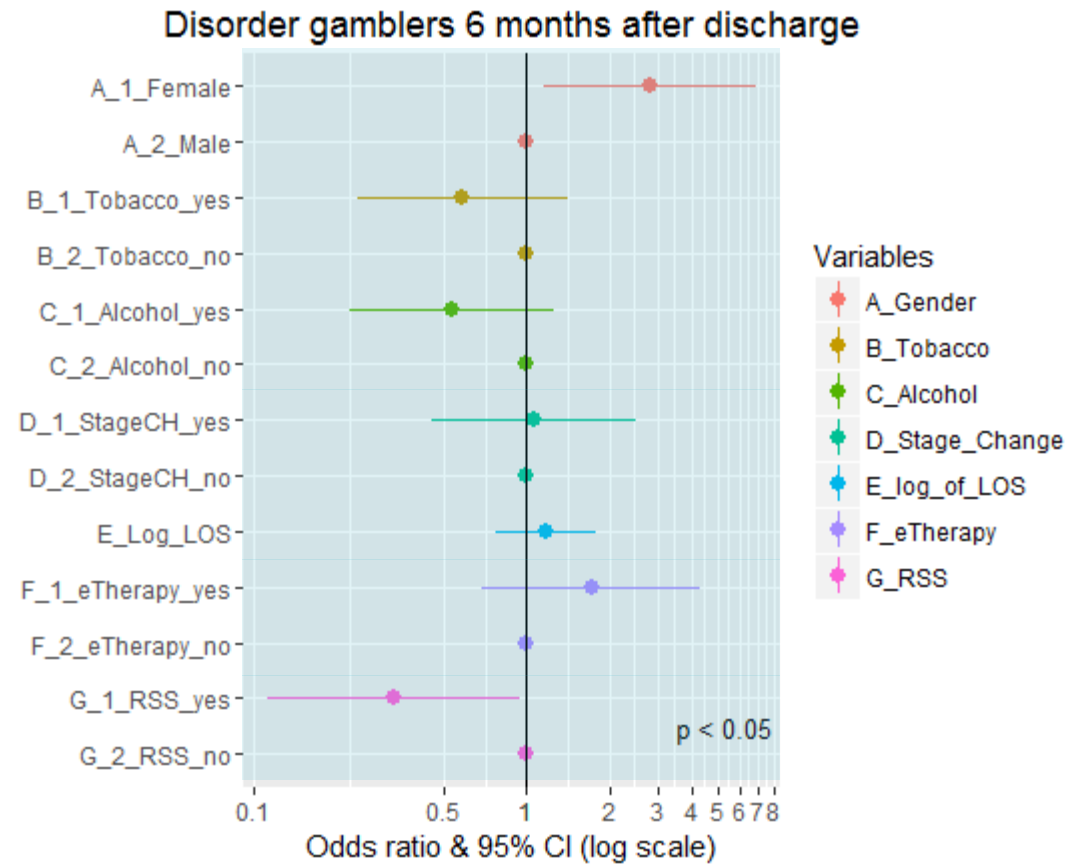
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Simpson, D. D., Joe, G. W., & Brown, B. S. (1997). Treatment retention and follow-up outcomes in the Drug Abuse Treatment Outcome Study (DATOS). *Psychology of Addictive behaviors*, 11(4), 294.

Logistic regression



Iowa Gambling Treatment Program (IGTP)

- e-Therapy (distance treatment)
 - ❖ Have been provided since July 1, 2008.
 - ❖ Incorporating use of electronic media and information technologies (i.e., phone, video conferencing, internet/web chat, texting) to assist clients who have barriers:
 - to reaching a brick and mortar treatment agency (child care, transportation, disability, job travel, etc.)
 - to engage in traditional face-to-face counseling
 - ❖ Planned services adhering to eligibility, safety, privacy and confidentiality policies developed by each of IGTP's state funded gambling treatment agencies.
 - ❖ Therapeutic relationship between counselor and client remains an important factor in effectively helping the client achieve their goals.

Appendix

Length of Service (LOS)

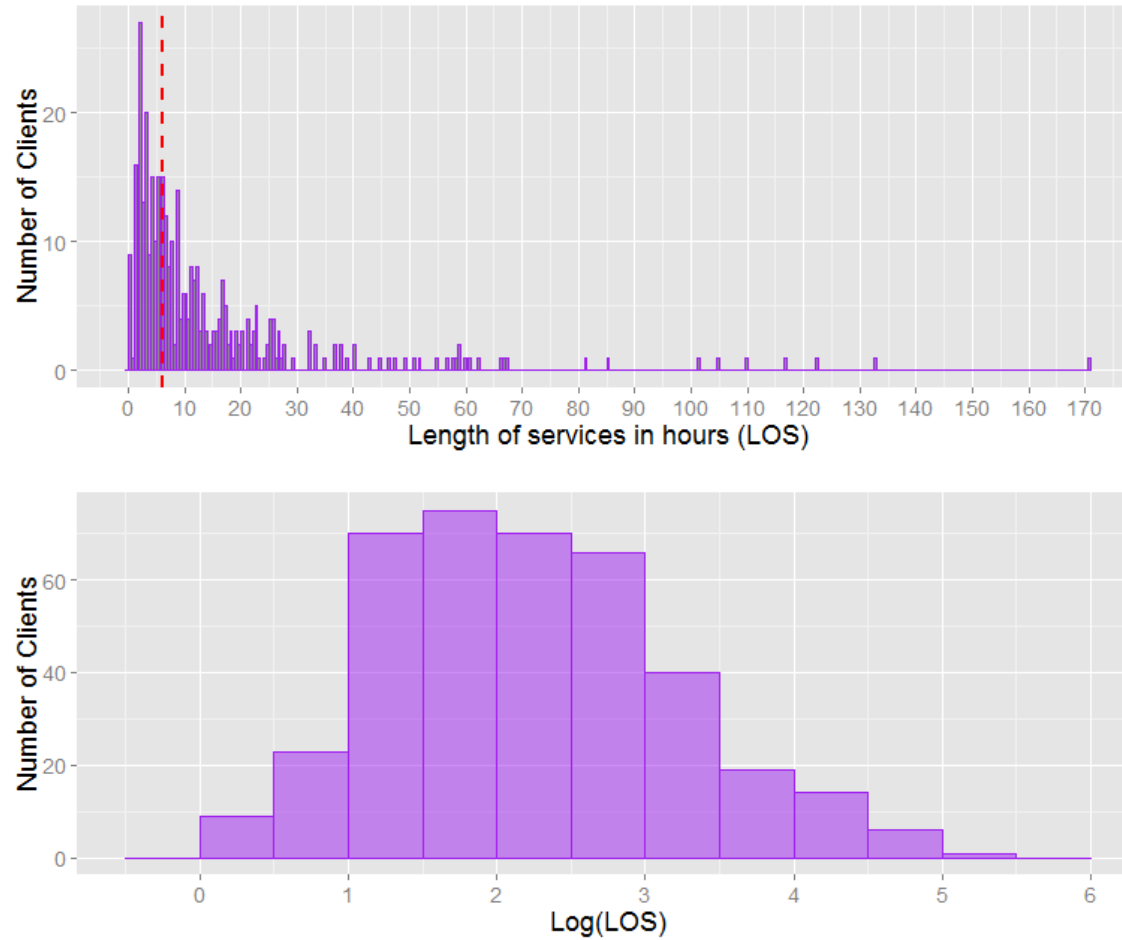
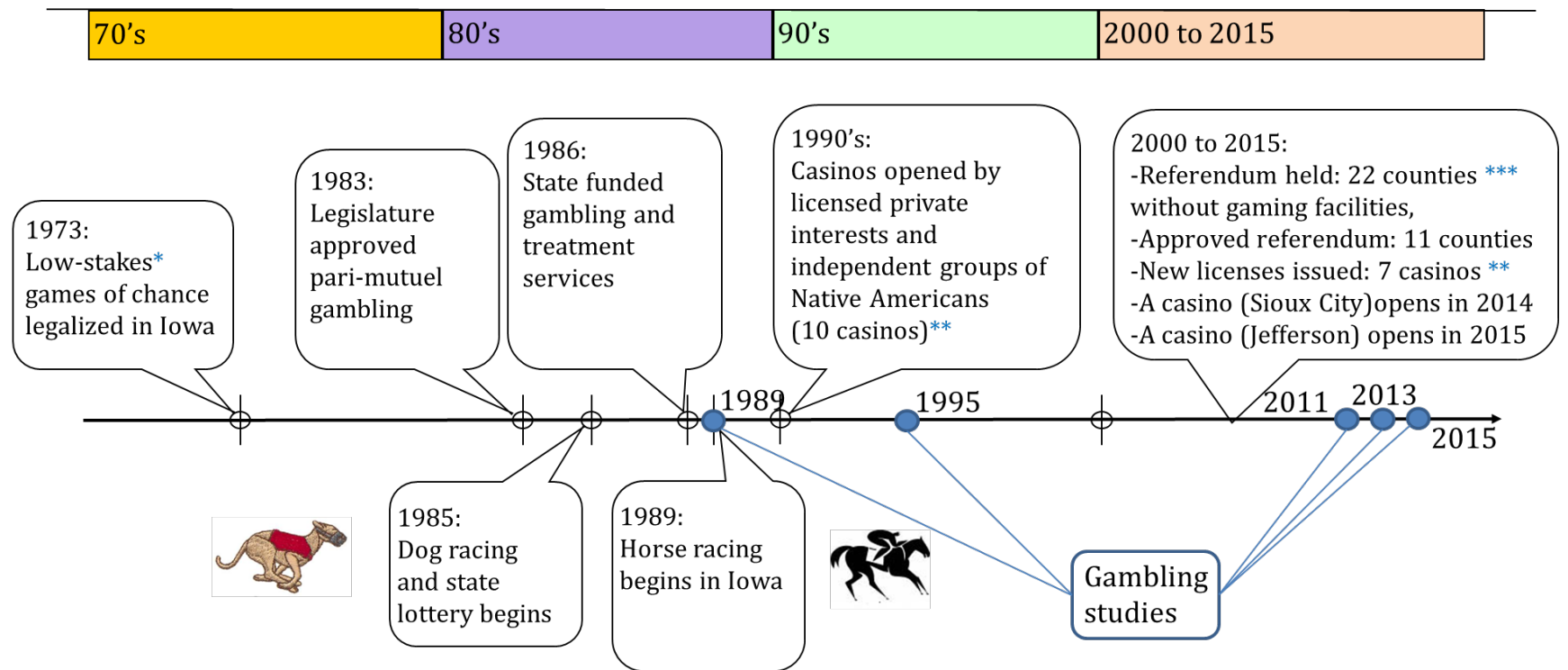
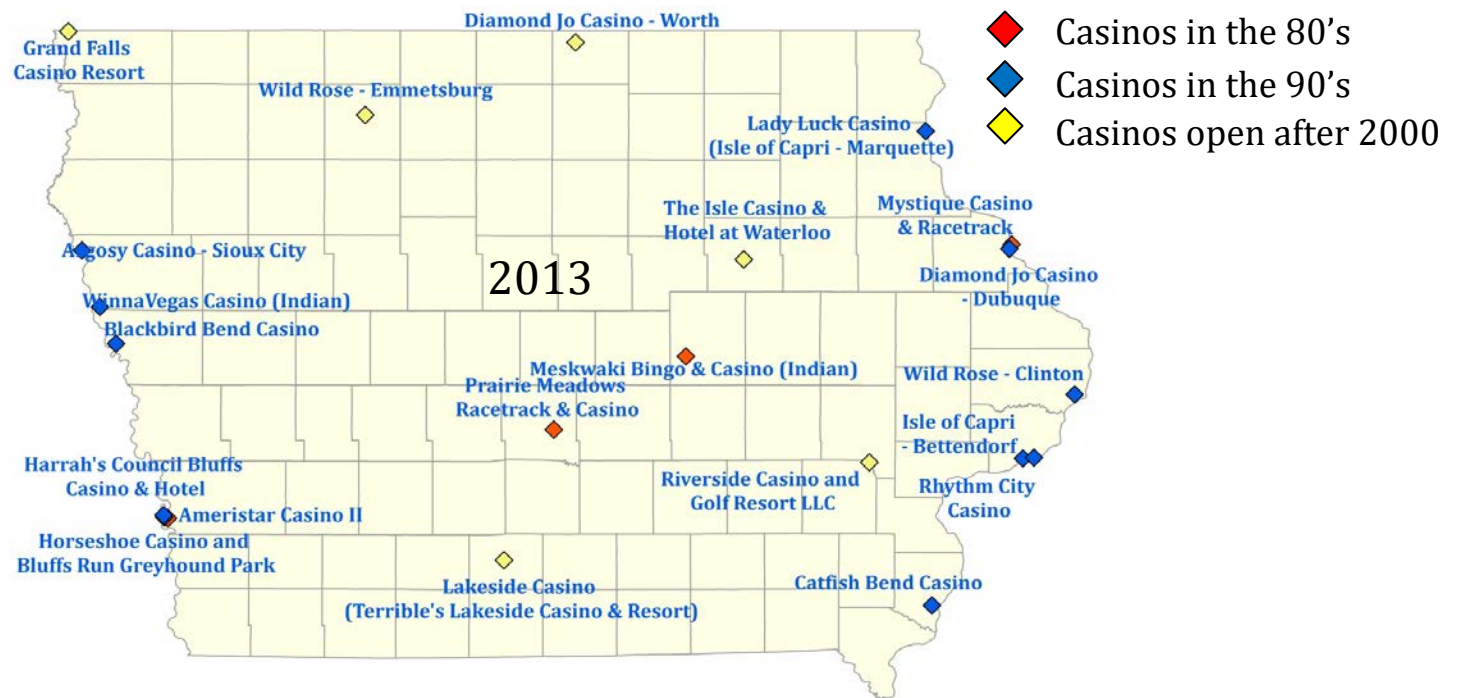
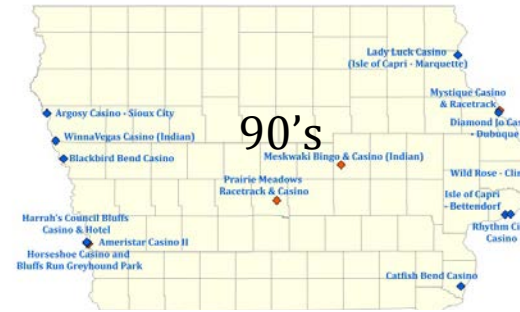
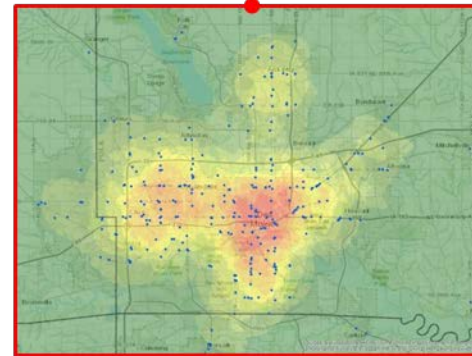


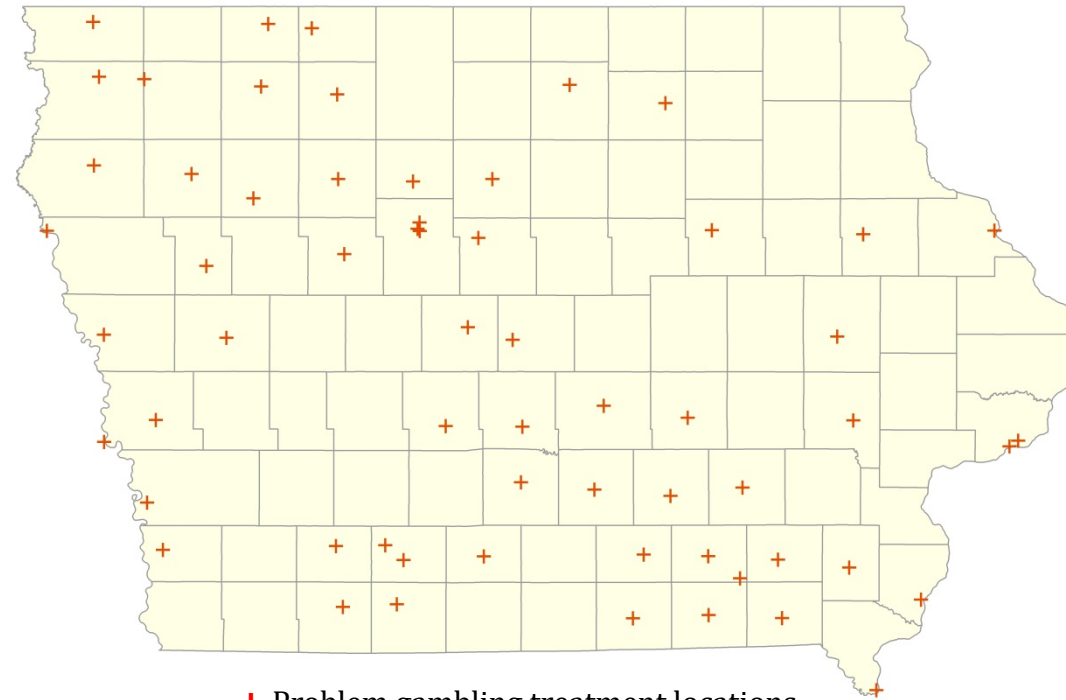
Figure 3.3. Length of service and its natural logarithmic transformation distributions







● Lottery retailers



+ Problem gambling treatment locations