

Chapter 53

Online Advice, Guidance and Counseling for Problem Gamblers

Mark Griffiths
Nottingham Trent University, UK

ABSTRACT

Clinicians cannot afford to ignore the Internet. Psychological advice, help and treatment for addicts are no exceptions with both counseling and psychotherapy entering the computer age. The chapter overviews the main issues in the area and approaches the discussion acknowledging that online therapy has to be incorporated within the overall framework of the need for clinical assistance. The chapter also provides brief overviews of some websites as illustrative examples of what types of online help and therapy are available. The chapter makes particular reference to online help for problem gamblers and overviews the only study to date that evaluates the effectiveness of an online help and guidance service for a particular type of addiction (i.e., problem gambling).

INTRODUCTION

Most therapists remain suspect about the new and growing field of 'behavioral telehealth'. For instance, some have claimed that Internet therapy is an oxymoron because psychotherapy is based upon both verbal and nonverbal communication (Segall, 2000). It could be argued that since online relationships are just as real and intense as those in the face-to-face world (Griffiths, 2001a), there is little surprise that clinicians are beginning to

establish online therapeutic relationships. Others may argue that the time has come to embrace the new technology and to carry out research into this potentially innovative form of therapy.

To date there have been a growing number of non-empirical papers about various issues concerning online therapy including challenges and initiatives in this growing field (Griffiths, 2001a; Rochlen, Zack & Speyer, 2004; Carlbring & Andersson, 2006), ethical issues (Heinlen, Reynolds Welfel, Richmond & O'Donnell, 2003; Abbott, Klein & Ciechowski, 2008), and mediation of guidance and counseling using new technologies (Tait,

DOI: 10.4018/978-1-61520-670-4.ch053

1999). There have also been a growing number of empirical reports utilising online therapy. These include its use in treating anxiety, panic disorders and social phobias (Klein, Richards & Austin, 2006; Botella, Quero, Banos, *et al*, 2008; Andersson, Carlbring, Holmström, *et al*, 2006; Pier, Austin, Klein, *et al*, 2008; Titov, Andrews & Schwencke, 2008), depression (Spek, Cuijpers, Nyklicek, *et al*, 2007; Mackinnon, Griffiths & Christensen, 2008), addiction (Carroll, Ball, Martino, *et al*, 2008), internet addiction (Kim, 2008), eating disorders (Tate, Wing & Winett, 2001; Zabinski, Pung, Wilfley, *et al*, 2001; Ljotsson, B., Lundin, C., Mitsell, *et al*, 2007), post-traumatic stress disorder (Lange, Van De Ven, Schrieken, *et al*, 2000; Wagner, Knaevelsrud & Maercker, 2008), and tinnitus (Kaldo, Levin, Widarsson, *et al*, 2008). Every one of these empirical studies showed improvements for those treated using online therapy.

Psychological advice, guidance, help and treatment for addicts are no exceptions. This chapter therefore (i) overviews some of the main issues in the area and (ii) provides brief overviews of some websites as illustrative examples of what types of online therapy are available. The chapter also makes particular reference to online help for problem gamblers and overviews a recent study by the author that evaluates the effectiveness of an online help and guidance service for problem gamblers. The evaluation utilised a mixed methods design in order to examine both primary and secondary data relating to the client experience. It was concluded that the service appears to be one of the few genuinely international guidance and “counselling” services available to problem gamblers, the utility of using online guidance and therapeutic services is discussed. The objectives of the chapter are to:

- Discuss the importance of online guidance and counseling and the emerging technological developments in relation to those with addictive behaviors.

- Introduce and discuss the challenges associated with online guidance and counseling developments, from different perspectives (social, organizational, technological, etc.).
- Introduce recent technological developments in online guidance and counseling and associated human/social implications in relation to those with addictions.
- Be of theoretical and practical interest to various audiences including academics (teachers, researchers, postgraduate studies), healthcare professionals (health specialists, psychologists, medics, etc.), and policy makers

BACKGROUND: ONLINE THERAPY AND ADDICTIVE BEHAVIOR

For the fourth time in six days, a 28-year old man comes home very late from a 12-hour drinking session. Unable to sleep, he logs onto the Internet and locates a self-help site for alcoholics and fills out a 20-item alcohol consumption checklist. Within a few hours he receives an e-mail that suggests he may have an undiagnosed drinking disorder. He is invited to revisit the site to learn more about her possible drinking disorder, seek further advice from an online alcohol counselor and join an online alcoholism self-help group.

On initial examination, this fictitious scenario appears of little concern until a number of questions raise serious concerns (Griffiths, 2005). For instance, who scored the test? Who will monitor the self-help group? Who will give online counseling advice for the alcohol problem? Does the counselor have legitimate qualifications and experience regarding alcohol problems? Who sponsors the website? What influence do the sponsors have over content of the site? Do the sponsors have access to visitor data collected by the website?

These are all questions that may not be raised by an addict in crisis seeking help.

The Internet could be viewed as just a further extension of technology being used to transmit and receive communications between the helper and the helped. If addiction practitioners shun the new technologies, others who might have questionable ethics will likely come in to fill the clinical vacuum. Online therapy is growing and its growth appears to outstrip any efforts to organise, limit and regulate it. It has been claimed that online therapy is a viable alternative source of help when traditional psychotherapy is not accessible. Proponents claim it is effective, private and conducted by skilled, qualified, ethical professionals (King, *et al*, 1998). It is further claimed that for some people, it is the only way they either can or will get help (from professional therapists and/or self-help groups).

Types of 'Online Therapy'

There appear to be three main types of website where psychological help is provided - information and advice sites, websites of traditional helping agencies and individual therapists (Griffiths & Cooper, 2003) although in this chapter, sites will be categorized in terms of their primary function. That is: 1) information dissemination, 2) peer-delivered therapeutic /support / advice (such as a self-help support group) and 3) professionally delivered treatment. Psychological services provided on the Internet range from basic information sites about specific disorders, to self-help sites that assess a person's problem, to comprehensive psychotherapy services offering assessment, diagnosis and intervention (Rabasca, 2000a).

Information dissemination: These are sites mainly dedicated to educational and consciousness raising issues. They are often in the form of web-pages that provide easily understandable pieces of helpful information on a range of disorders, self-help checklists, and links to other helpful websites. There appear to be numerous places to

get information about addiction and addiction-related problems. Quality information websites are hosted by a variety of sources including individuals who serve as their own 'webmaster' to not-for-profit organisations to private companies. Some illustrative examples of these are listed in the next section.

Peer-delivered therapeutic support and advice: These sites are often set up by traditional helping agencies that have expanded their services to include an online option for clients. Typically, this is done by e-mail and is usually free of charge (for example, the Samaritans). Other examples include various 12-Step groups who meet online. Many online therapy services are available for those suffering almost any kind of addiction. In the world of online therapy, a person can be alone in their living room while they attend an AA meeting joined by a couple of dozen people from various countries, or be visiting an Internet counselor in the United Kingdom without having left their home in the United States. There are a number of 12-Step groups that meet regularly in this way and they are often open for 24 hours a day. Most of these sites are listed in the AA's 'Big Book' website (<http://www.aabigbook.com>).

There are a number of very good reasons why the Internet is an excellent medium for most forms of self-help. For instance, research has consistently shown that the Internet has a disinhibiting effect on users and reduces social desirability (i.e., users do not alter their responses in order to appear more socially desirable [Joinson, 1998]). This may lead to increased levels of honesty and, therefore, higher validity in the case of self-disclosure (Cooper, 2001) As well as disinhibition effects, the Internet is a non-face-to-face environment that is perceived by many users to be anonymous and non-threatening. The Internet may, as a consequence, provide access to 'socially unskilled' individuals who may not have sought help if it were not for the online nature of the self-help group.

There are also generalist type services (usually e-mail only) in which people usually require a

one-off piece of advice from someone who may have no psychological training. These services are usually (but not always) free of charge and may be part of an online magazine. It is highly unlikely that the sort of general advice given at these sites will be of much help to addicts as their problem is, by its nature, very specific. The most help they would probably get is an onward referral (e.g., to a face-to-face self-help group such as AA, GA, etc.). This is somewhat different from online peer-support groups who meet either in an asynchronous (letters sequentially posted to an electronic discussion list/bulletin-board in the order they are received by the webmaster) or synchronous (in real time as with live chat rooms) manner.

Professionally delivered treatment: These sites are becoming more and more abundant and can be set up by individual counselors and/or psychotherapists. They usually operate in one of two ways - either by written answers to e-mail inquiries or a real time conversation in an Internet chat room. An obvious question to ask is why do people engage in online therapy? In comparison with other media (face-to-face, telephone), the Internet offers perceived anonymity and people can use e-mail addresses that are very difficult if not impossible to trace back to the user. However, some benefit may simply be the outpouring of written emotions that might equally be achieved by handwriting an unseen missive. Professionally delivered treatment mainly seems to be available from individual practitioners' websites. There are a few examples of not-for-profit organisations beginning to offer these types of services. Thus far, for-profit companies appear to primarily use the Internet for information dissemination and for promoting their face-to-face services.

Many therapists have now set up their own Internet sites to deliver behavioral services although the number of sites that specialize in addictions appears to be growing all the time. The kinds of services offered vary in type and expense. They can include 'ask five questions for free' -type

sites, therapists moderating a group chat online, e-mail correspondence, private instant messaging, or video-conferencing (see Appendix 1).

Advantages of Online Therapy

There are many advantages and disadvantages of online therapy. The main ones have been over-viewed elsewhere (Griffiths, 2001a; Cooper & Griffiths, 2003; Carlbring & Andersson, 2006; Abbott, Klein & Ciechowski, 2008) and are outlined below in relation to gambling addicts to give the reader specifics in relation to a particular type of problem. However, it is assumed that almost all of these advantages and disadvantages apply to other types of addiction. Here are the main advantages:

- **Online therapy is convenient:** Online therapy is convenient to deliver, and can provide a way to seek instant advice or get quick and discreet information. Online therapy avoids the need for scheduling and the setting of appointments, although for those who want them, appointments can be scheduled over a potential 24-hour period. For gambling addicts who might have a sense of increased risk or vulnerability, they can take immediate action via online interventions, as these are available on demand and at any time. Crisis workers often report that personal crises occur beyond normal office hours, making it difficult for people to obtain help from mental health clinicians and the like. If a problem gambler has lost track of time at the casino only to depart depressed, broke, and suicidal at 4am in the morning, they can perhaps reach someone at that hour who will be understanding, empathic and knowledgeable.
- **Online therapy is cost effective for clients:** Compared with traditional face-to-face therapies, online therapy is cheaper. This is a big selling point often used by

those selling their services online. This is obviously an advantage to those who may have low financial resources. It may also allow practitioners to provide services to more clients because less time is spent travelling to see them. Since there are financial consequences for a gambling addict, cheaper forms of therapy such as online therapy may be a preferred option out of necessity rather than choice. The cost factor is particularly important in countries where people are often forced to pay for health care (for example, in the United States). With the Internet, quality information and support (even if treatment is not yet freely available online) is available without cost. Arguably, one needs Internet access, but this too is becoming more freely available, and conceivably, even those who are homeless would be able to utilize such services through places like public libraries (although, literacy would continue to be an important requirement).

- **Online therapy overcomes barriers that otherwise may prevent people from seeking face-to-face help:** There are many different groups of people who might benefit from online therapy. For example, those who are: (i) physically disabled, (ii) agoraphobic, (iii) geographically isolated and/or do not have access to a nearby therapist (military personnel, prison inmates, housebound individuals etc.), (iv) linguistically isolated, and (v) embarrassed, anxious and/or too nervous to talk about their problems face-to-face with someone, and/or those who have never been to a therapist before might benefit from online therapy. Some like those with agoraphobia and/or the geographically isolated, might be more susceptible to activities like online gambling because they either tend not to leave home much or they do not have access to more traditional gambling facilities

(like casinos, bingo halls, racetracks and so forth). It is clear that those that are most in need of help (whether it is for mental health problems, substance abuse or problem gambling) often do not receive it.

- **Online therapy helps to overcome social stigma:** The social stigma of seeing a therapist can be the source of profound anxiety for some people. However, online psychotherapists offer clients a degree of anonymity that reduces the potential stigma. Gambling may be particularly stigmatic for some because they may find it is a self-initiated problem. Others have found that the issue of stigma has caused some problem gamblers to avoid seeking treatment (Hodgins & el-Guebaly, 2000). Furthermore, in an exploratory study, Cooper (2001) found that there was a correlation between higher levels of concerns about stigma and the absence of treatment utilization, and that lurking (i.e., visiting but not registering presence to other users) at a problem gambling support group website made it easier for many to seek help including face-to-face help.
- **Online therapy allows therapists to reach an exponential amount of people:** Given the truly international cross-border nature of the Internet, therapists have a potential global clientele. Furthermore, gambling itself has been described as the 'international language' and has spread almost everywhere within international arenas.

It would appear that in some situations, online therapy can be helpful - at least to some specific sub-groups of society, some of which may include addicts. Furthermore, online therapists will argue that there are responsible, competent, ethical mental health professionals forming effective helping relationships via the Internet, and that these relationships help and heal. However, online therapy is not appropriate for everyone. As with any new

frontier, there are some issues to consider before trying it. The next section briefly looks at some of the criticisms of online therapy.

Disadvantages of Online Therapy

The growth of online therapy is not without its critics. The main criticisms (Griffiths & Cooper, 2003; Carlbring & Andersson, 2006; Abbott, Klein & Ciechowski, 2008) that have been levelled against online therapy include:

- **Legal and ethical considerations:** Cyberspace transcends state and international borders, therefore, there are many legal and regulatory concerns. For example, client/doctor confidentiality regulations differ from one jurisdiction to another. It may not be legal for a clinician to provide chat-room services to patients who are in a jurisdiction in which the clinician is not licensed. Furthermore, some patients may be excluded from telehealth services because they lack the financial resources to access the Internet. One potential ethical and legal dilemma is the extent to which service quality can be ensured. It is possible that individuals who register to provide counselling services online do not have the qualifications and skills they advertise. They may not even be licensed to practice. There are also issues regarding the conduct of practitioners engaged in all forms of telecommunication therapy. For example: issues of informed consent, the security of electronic medical records, electronic claims submissions, etc. (Foxhall, 2000).
- **Effectiveness of online therapy:** There have been too few evaluation studies that have examined whether online therapy is an effective treatment approach. Perhaps this is not surprising since this is still a fairly new medium for utilizing help. However, there is some encouraging evidence. For instance, Cooper (2001) reported that about 70% spoke of how they benefited from their exposure to and involvement with GAweb, an online peer support group.
- **Confidentiality:** Online therapy may compromise privacy and confidentiality, particularly if a skilled computer 'hacker' is determined to locate information about a particular individual. There is also some evidence that as more personal information is required of counselling sites online, the attractiveness of these sites is reduced (Barthelmeus, 1999).
- **Encryption:** No online therapist can confidently promise client confidentiality given the limitations of the medium. However, there are some sites that offer secure messaging systems that offer the same level of protection as banking institutions.
- **Technological failures:** Particularly in remote areas, transmission may be less than perfect and there is always the problem of temporary service disruption from the Internet service provider (ISP or 'server') and other associated problems that come from use of a networked computer.
- **Complicated payment structures:** Given the cross-national nature of the Internet, there may be complicated pay structures for clients to overcome when selecting a therapist.
- **Cost-effectiveness to the therapist:** For the therapist, there is the problem that online counselling can be as time-consuming as face-to-face therapy with substantially less financial remuneration.
- **Identity problems:** One of the major potential problems is that online clients may not be who they say they are (i.e., counselors may not always know the true identity of their online clients). This is clearly a major issue since some assumptions (rightly or wrongly), are made by the clinician depending on what the client presents (e.g.,

- age and other demographics).
- **Severity of client problems:** Some clients' addiction problems may be just too severe to be dealt with over the Internet. To some extent, there can always be contingencies, but because people can come from anywhere in the world and have a multitude of circumstances, online clinicians may be hard-pressed to meet everyone's needs.
- **Client referral problems:** One obvious difficulty for the counsellor is how to go about making a referral for someone in a faraway town or another country.
- **Establishing client rapport:** It could perhaps be argued that there might be difficulty in establishing rapport with someone that the therapist has never seen. This is an interesting area where clearly more information is needed. One might also argue that because the client is in a more equal relationship with the therapist, they will feel more comfortable.
- **No face-to-face contact:** Online therapy leads to a loss of non-verbal communication cues such as particular body language, voice volume and tone of voice. Furthermore, the lack of face-to-face interaction between client and therapist could result in a wrong referral or diagnosis.
- **Incomplete information:** The written information provided in online therapy may be incomplete. Online therapy (via e-mail) may not allow the opportunity for immediate follow-up questions. Making a provisional recommendation or diagnosis is fraught with potential problems. For instance, a client may describe problems that are symptomatic of other more serious underlying disorders.
- **Commercial exploitation:** Consumers theoretically are not always as anonymous as they might think when they visit health sites because some sites share visitors' personal health information with advertisers and business partners without consumers' knowledge or permission (Rabasca, 2000b; Griffiths, Parke, Wood, *et al*, 2006). In relation to gambling addicts, this is a real issue. By virtue of posting to places such as GAweb with an accurate e-mail address shown, online casinos have the potential to collect such information in order to later send junk e-mail promoting their casino websites.
- **Emergency situations:** Being online and geographically distant has the potential to cause problems in an acute situation. For instance, if a clinician does not know where a patient lives or can be located, they cannot call for help in the case of an emergency such as a suicidal threat (Foxhall, 2000).
- **Convenience:** Although convenience was outlined as an advantage in the previous section, it can also have a downside. For instance, it may mean that the client is less likely to draw on their own existing coping strategies and use the online therapist as a convenient crutch (something which is actively discouraged in face-to-face therapy).

ONLINE THERAPY FOR ADDICTIVE BEHAVIOR: SOME ILLUSTRATIVE EXAMPLES

Anyone typing 'addiction' and 'online therapy' or 'online counseling' into a search engine will find hundreds of websites offering to provide help. In this section, some of these websites are briefly examined to inform the reader of the services available, who it is aimed at, and the types of service that are provided. The author does not personally endorse any of the listed sites and is only highlighting them for illustrative purposes only.

Websites Delivering Professional Treatment

There are hundreds of organisations and individuals who offer online therapy of some description. As can be seen below, the types of service available differ from site to site in the exact specifics of what is offered. The sites chosen below were selected due to their slightly different emphases and approached to online treatment and are in no particular order.

- <http://www.asktheinternettherapist.com/>: This website provides a variety of different online counseling alternatives such as telephone therapy, e-mail counseling, chat therapy, and audiovisual therapy. Their staff are “fully qualified” Internet counselors and mental health counseling professionals specialising in a number of areas including e-therapy and substance abuse counseling. Their therapeutic goal is to treat the whole person and they have facilities to provide online therapy sessions with several specialists simultaneously or individually.
- <http://www.addictionrecoveryguide.org/treatment/online.html>: This website provides treatment services for alcohol and drug addiction by “trained experts via the Internet.” They claim they have the potential to bring treatment to individuals who are unable to access traditional treatment programs or who want to strengthen recovery after completing a traditional treatment program. They claim their service provides many of the benefits of traditional treatment approaches, including group sessions led by addiction counselors, peer support and psycho-educational tools for recovery.
- **Reach Today** (www.reachtoday.com): This website was developed by a “certified addiction counselor” offering online services incorporating email and instant messaging. The site claims e-counseling is a easy accessible and cost-effective way to engage in therapy or counseling from a distance. Clients gain access to an addiction counselor for feedback and support, and their services include initial inquiry, brief consultation (single session) or extended e-counseling.
- **Choose 2 Change (choose2change.com)**: This website has an online substance abuse counseling program that includes individualised professional counseling services provided by “licensed counselors and supervised interns.” The program provides an online social/educational program for the recovery from alcohol and drug addiction. Treatment plans are tailored for each participant and are based on a thorough assessment of each person’s specific needs and goals. Progress is assessed regularly by the counselor as part of the long-term commitment to the recovery program. In addition to individualised sessions with a counselor, integrated online group sessions are available to support the social and interpersonal communication needs of participants.
- **EGetGoing (egetgoing.com)**: This website provides online chemical dependency treatment using “advanced telemedicine and e-learning technologies.” It provides online, real-time interactive audio- and video-based substance abuse treatment. In an interactive setting, group members talk to each other under the guidance of an experienced counselor who uses a treatment approach that is based on the 12-Step philosophy. Two programs are available: Lifeline (Internet-based outpatient treatment) and Living (an Internet-based continuing care program). Groups meet twice a week at regularly scheduled times for one hour. Each treatment and continuing care session follows a format designed to address a particular topic area. Sessions present information on relapse prevention, the medical

aspects of addiction, anger management and other topics. Eighty percent of group time is spent in discussion, supported by interactive multimedia tools such as video dramatisations, interactive slides, private chat and more. Developed for people who are new to recovery or who are returning after a relapse, Primary Treatment has 24 sessions over 12 weeks and Basic Group has 12 sessions over 6 weeks. Aftercare treatment includes an Intensive Aftercare Program that meets twice a week for 12 weeks and Basic Aftercare that meets once a week for 12 weeks. Each group member is provided with a secure and private personal home page that affords access to such tools as personal e-mail, personal journal, and homework assignments.

- **Self-help works.com (selfhelpworks.com):** This website offers cognitive-based learning programs that explore the causes of problem behaviors and provide training on how to change them. The programs are delivered via the Internet as a series of lectures and interactive assignments. Each course lasts from three to five weeks. During the first week participants visit the site almost daily. Thereafter, visits are twice per week. Most sessions require completing an assignment and reading additional site materials. Each session takes approximately an hour. A schedule is provided and emails are sent to remind participants of their next scheduled session.
- <http://www.camprecovery.com/online-treatment.asp>: The Camp Recovery Center's website includes Internet-based primary treatment and continuing care. The CRC has a partnership with eGetgoing (see description above) and combines traditional group treatment methods with the Internet technology to provide live, interactive, group treatment, and continuing care online. During primary treatment, clients

participate in groups online supervised by an "experienced Addiction counselor." Relapse prevention groups are held weekly and clients have the opportunity to interact with others in the process of recovery.

- **TeenGetGoing (teengetgoing.com):** This website is an online substance abuse treatment program geared to the needs of adolescents. In addition to educational information on alcohol and drugs, teenagers can join online treatment groups. Two programs are available. The Adolescent Group Treatment Program has 24 live group sessions online facilitated by "an experienced counselor." These scheduled groups have 8 to 10 members and meet online twice a week to provide a full treatment program. The Awareness Program is a 12-session assessment and prevention program that teenagers can take on their own and does not have a live counselor or live group interactions.

Websites Providing (Mostly) Information Dissemination

There are countless information dissemination sites on the Internet many of which are aimed at adolescents or their parents. Below are some illustrative examples.

- **Day-By-Day.org (day-by-day.org):** This website is geared to providing online resources for young people with addictions. The web site features "Super Sober Sites" (sites that motivate and support young people to get clean and sober and to maintain their sobriety), online recovery tools such as 'Young People in AA', 'Poetry for Recovery', 'Fun and Leisure for Recovery' and 'Listen for Recovery', chat rooms, and forums for young people.
- **Freevibe.com (freevibe.com):** This website provides a variety of information on

drugs and their risks. The section on 'Drug Facts' provides scientific information about illegal drugs and their effects including crack/cocaine, inhalants, ecstasy, marijuana etc. The site also has a "Share your Story" message board, a multimedia presentation on 16 drugs including what they are, what they do and body facts, an "In the News" section, and a further links section.

- **Project GHB (projectghb.org):** This educational website was formed to increase awareness about the dangers of GHB (Gamma hydroxy butyrate), also known as 'G', Liquid E, Fantasy, Liquid X, Liquid Ecstasy, Organic Quaalude, and Jib among other names. The site covers facts about GHB including its effects, signs of overdose, and adverse reactions. It also provides information on treatment, a section for reporting serious events, a newsletter, resource links, and legal issues.
- **National Youth Network (nationallyouth.com/substanceabuse.html):** This website serves as a resource for youths, parents, and professionals, by providing education and information on programs and services available for adolescents with substance abuse and other emotional/behavioral problems. The range of services include online self-help and assessment information, telephone assessments with "a masters level clinician", and directories of therapeutic options including wilderness programs, outdoor therapy, boarding schools, therapeutic boarding schools, residential treatment centers, nonpublic day schools, outpatient and day treatment, and summer camps and programs.
- **http://www.aabigbook.com:** This website offers a large directory of the official websites of almost every 12-Step "Anonymous" group in the US and world (e.g., Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous, etc.).

The site offers links to places where addicts can exchange messages with other people suffering from similar addictions. The site offers links to information about sex addiction, gambling addiction, overeating, and cigarette smoking.

Online Help for Problem Gamblers: The *GamAid* Case Study

Wood and Griffiths (2007) reported the first ever (and to date only) study that has evaluated the effectiveness of an online help and guidance service for problem gamblers (i.e., *GamAid*). The evaluation utilized a mixed methods design in order to examine both primary and secondary data relating to the client experience. In addition, the researchers posed as problem gamblers in order to obtain firsthand experience of how the service worked in practice.

GamAid is an online advisory, guidance and signposting service whereby the client can either browse the available links and information provided, or talk to an online advisor (during the available hours of service), or request information to be sent via email, mobile phone (SMS/texting), or post. If the client connects to an online advisor then a real-time image of the advisor appears on the client's screen in a small web-cam box. Next to the image box, is a dialogue box where the client can type messages to the advisor and in which the advisor can type a reply. Although the client can see the advisor, the advisor cannot see the client. The advisor also has the option to provide links to other relevant online services, and these appear on the left hand side of the client's screen and remain there after the client logs off from the advisor. The links that are given are in response to statements or requests made by the client for specific (and where possible) local services (e.g., a local debt advice service, or a local Gamblers Anonymous meeting).

A total of 80 clients completed an in-depth online evaluation questionnaire, and secondary

data was gathered from 413 distinct clients who contacted a *GamAid* advisor. Wood and Griffiths (2007) reported that the majority of clients who completed the feedback survey were satisfied with the guidance and “counselling” service that *GamAid* offered. Most participants agreed that *GamAid* provided information for local services where they could get help, agreed that they had or would follow the links given, felt the advisor was supportive and understood their needs, would consider using the service again, and would recommend the service to others. Furthermore, the addition of being able to see the advisor via a web-cam was reassuring. This is particularly significant given many people appear to be suspicious of the identity of unknown people who they communicate with on the Internet. Being able to see the advisor enabled the client to feel reassured, whilst at the same time, this one-way feature maintained anonymity, as the advisor cannot see the client.

The evaluation study found that the majority of those who responded to the online feedback survey agreed that *GamAid* helped them to consider their options, made them more confident in help, helped them to decide what to do next, made them feel more positive about the future, provided useful information for local help which they intended to follow up through the links provided. The researchers’ first-hand experience of using the *GamAid* service, posing as problem gamblers, indicated that the service offered useful support and information. In particular, the accessibility and convenience of being able to contact an advisor when needed was a useful feature.

An interesting aside is the extent to which *GamAid* was meeting a need not met by other gambling help services. This was examined by looking at the profiles of those clients using *GamAid* in comparison with the most similar service currently on offer, that being the UK *GamCare* telephone help line. The data recorded by *GamAid* advisors during the evaluation period found that 413 distinct clients contacted an advisor. The types

of gambling engaged in and the preferred location for gambling showed little similarity to the data collected in the two British national prevalence surveys to date (Sproston, Erens & Orford, 2000; Wardle, Sproston, Orford, Erens, Griffiths, Constantine & Pigott, 2007). Unsurprisingly (given the medium of the study), online gambling was the single most popular location for clients to gamble with 31% of males and 19% of females reporting that they gambled this way. By comparison, the *GamCare* helpline found that only 12% of their male and 7% of their female callers gambled online. Therefore, it could be argued that the *GamAid* service is the preferred modality for seeking support for online gamblers. This is perhaps not surprising given that online gamblers are likely to have a greater degree of overall competence in using, familiarity with, and access to Internet facilities. Problem gamblers may therefore be more likely to seek help using the media that they are most comfortable in.

GamAid advisors identified gender for 304 clients of which 71% were male and 29% were female. By comparison, the *GamCare* helpline identified that 89% of their callers were male and 11% were female. Therefore, it would appear that the *GamAid* service may be appealing more to women than other comparable services. Why this is the case is not certain. However, there are several speculative reasons why this may be the case. For instance, online gambling is gender-neutral and may therefore be more appealing to women than more traditional forms of gambling, which (on the whole) are traditionally male-oriented (with the exception of bingo halls) (Griffiths, 2001b).

It is likely that online gamblers are more likely to seek online support than offline gamblers. Women may feel more stigmatised as problem gamblers than males and/or less likely to approach other help services where males dominate (e.g., GA). If this is the case, then the high degree of anonymity offered by *GamAid* may be one of the reasons it is preferred. Perhaps one of the unique selling points of *GamAid* (compared to

other UK-based services) is that it appears to be offering a genuinely international service that is free of charge to users. A quarter of those that completed the survey were non-UK based. Most of those who had used another service reported that they preferred *GamAid* because they specifically wanted online help. Those who had used another service reported that the particular benefits of *GamAid* were that they were more comfortable talking online than on the phone or face-to-face. They also reported that (in their view) *GamAid* was easier to access, and the advisors were more caring.

One of the key strengths of the study was that it used a variety of methods to collect data and information including an online survey, secondary data from online advisors, and anonymous trials and testing of the services. Although there are clearly issues surrounding self-selection, online questionnaires are particularly useful for the discussion of sensitive issues that participants may find embarrassing in a face-to-face situation (such as problem gambling). The nature of this medium means that a relatively high degree of anonymity can be maintained, and participants may feel more comfortable answering sensitive questions on their computer than in a face-to-face situation. The survey data were necessarily self-report although the collection of the data online may have lowered social desirability and increased levels of honesty.

In conclusion, the *GamAid* service appears to meet the stated aims and objectives of the evaluation. It provides a service that particularly appeals to online gamblers, and women, more than current comparable services such as the UK *GamCare* helpline. It is also one of the only truly international services in the world. However, it is evident that a longer-term follow-up evaluation study is needed to determine the effectiveness of the service over time.

FUTURE TRENDS

Online therapy may not be for everyone and those participating should at the very least be comfortable expressing themselves through the written word. In an ideal world, it would not be necessary for those in serious crisis - some of whom could be addicts (where non-verbal cues are vital) - to need to use computer-mediated communication-based forms of help. However, because of the Internet's immediacy, if this kind of therapeutic help is the only avenue available to individuals and/or the only thing they are comfortable using, then it is almost bound to be used by those with serious crises.

The problem with online therapy is that there are so many different types and much of it could be of poor quality. At best the industry is self-regulated and at worst completely unregulated (although it must be noted that this is not unique to Internet sites). Rigorous evaluation studies are needed (particularly given the rate at which new sites are springing up). These refer not only to sites that specifically deal with addictions, but all sites.

It could be the case that online therapy's most effective use might be as either a way of communicating information in response to clients' statements and questions, or a form of 'pre-therapy'. This latter suggestion is interesting as it has traditionally been assumed that for 'pre-therapy' to occur, the client and practitioner had to be in the same room. However, it could equally be argued that websites could be used to augment treatment. Websites could provide cognitive information to supplement treatment or provide instant peer support groups when addicts need most help. For instance, chat rooms can be used by addicts desiring a more secure anonymity than is possible at a public 12-Step meeting. Furthermore, public message boards and e-mails can provide greater efficiency and productivity than in-person visits to a self-help group.

CONCLUSION

There is a paucity of empirical data that assesses the efficacy and feasibility of online therapy for clinical applications. To date, the limited studies carried out (mostly with very small sample sizes) have focussed on patient and provider satisfaction with the technology rather than the effectiveness of the technology in delivering services (Foxhall, 2000). Future research should address the following areas (all of which could involve addiction research):

- The differential effects of various online therapeutic interventions among clinical populations. There would be great benefit from learning much more about counseling versus online peer-support groups and so forth.
- The effect online therapy has on therapeutic relationships. This is a critical issue. Ferguson (1996) has eloquently predicted a social revolution in the roles of patient and caregiver; such relationships will be much more equal in future with the therapist being more of a coach to a much more informed consumer.
- Whether providers and consumers find online therapy interventions accessible and desirable.
- Do demographic characteristics (like socioeconomic status, ethnicity, culture, geographic location, age and gender) affect a patient's access to and acceptance of online therapy and if so, how and why? The same questions could also be applied to therapists regarding *their* acceptance and receptivity. Miller (1989) has written about how positive expectancies of therapists have contributed to improved patient outcomes. If clinicians do not believe in online help but were forced to provide it by their employer, would this be subtly communicated to the clients and their treatment undermined?

This chapter has demonstrated a need for evaluative research regarding online therapy, particularly since there is a lack of an evidence-base to govern this growing practice. Furthermore, chapters like this aim to help to engage consciousness-raising activities and thereby alert clinicians to the future possibilities of practice behavior. After all, clinicians have been constantly striving to better serve their clients from the earliest days of mental health practice. It seems apparent that the Internet and computer-mediated communication are here to stay. Therefore, there is a need to focus on exactly how these innovations will impact on our field keeping clients' best interests in mind.

REFERENCES

- Abbott, J. M., Klein, B., & Ciechomski, L. (2008). Best practices in online therapy. *Journal of Technology in Human Services, 26*, 360–375. doi:10.1080/15228830802097257
- Andersson, G., Carlbring, P., Holmström, A., Sparthán, E., Furmark, T., & Nilsson-Ihrfelt, E. (2006). Internet-Based Self-Help With Therapist Feedback and In Vivo Group Exposure for Social Phobia: A Randomized Controlled Trial. *Journal of Consulting and Clinical Psychology, 74*, 677–686. doi:10.1037/0022-006X.74.4.677
- Barthelmeus, S. J. (1999). *Disclosure of limitations, risks, and benefits of online counselling services: An investigation of the effects of differing amounts of information on perceived desirability*. Unpublished doctoral dissertation, University of Sarasota.
- Botella, C., Quero, S., Banos, R. M., Garcia-Palacios, A., Breton-Lopez, J., Alcaniz, M., & Fabregat, S. (2008). Telepsychology and self-help: The treatment of phobias using the Internet. *Cyberpsychology & Behavior, 11*, 659–664. doi:10.1089/cpb.2008.0012

Online Advice, Guidance and Counseling for Problem Gamblers

- Carlbring, P., & Andersson, G. (2006). Internet and psychological treatment: How well can they be combined? *Computers in Human Behavior*, *22*, 545–553. doi:10.1016/j.chb.2004.10.009
- Carroll, K. M., Ball, S. A., Martino, S., Nich, C., Babuscio, T. A., & Nuro, K. F. (2008). Computer-Assisted Delivery of Cognitive-Behavioral Therapy for Addiction: A Randomized Trial of CBT4CBT. *The American Journal of Psychiatry*, *165*, 881–888. doi:10.1176/appi.ajp.2008.07111835
- Connall, J. (2000). At your fingertips: Five online options. *Psychology Today*, (May/June): 40.
- Cooper, G. (2001). *Online assistance for problem gamblers: An examination of participant characteristics and the role of stigma*. Unpublished Doctoral dissertation, Ontario Institute for Studies in Education/University of Toronto.
- Ferguson, T. (1996). *Health Online*. Reading, MA: Addison-Wesley Publishing Company.
- Foxhall, K. (2000). How will the rules on telehealth be written? *APA Monitor on Psychology*, *31*(4), 38.
- Griffiths, M. D. (2001a). Online therapy: A cause for concern? *The Psychologist: Bulletin of the British Psychological Society*, *14*, 244–248.
- Griffiths, M. D. (2001b). Internet gambling: Preliminary results of the first UK prevalence study. *Journal of Gambling Issues*, *5*. Retrieved from http://www.camh.net/egambling/issue5/research/griffiths_article.html
- Griffiths, M. D. (2005). Online therapy for addictive behaviors. *Cyberpsychology & Behavior*, *8*, 555–561. doi:10.1089/cpb.2005.8.555
- Griffiths, M. D., Parke, A., Wood, R. T. A., & Parke, J. (2006). Internet gambling: An overview of psychosocial impacts. *UNLV Gaming Research & Review Journal*, *27*(1), 27–39.
- Heinlen, K. T., Reynolds Welfel, E., Richmond, E. N., & O'Donnell, M. S. (2003). The nature, scope, and ethics of psychologists' e-therapy Web sites: What consumers find when surfing the Web. *Psychotherapy: Theory, Research, Practice . Training (New York, N.Y.)*, *40*, 112–124.
- Hodgins, D. C., & El-Guebaly, N. (2000). Natural and treatment-assisted recovery from gambling problems: A comparison of resolved and active gamblers. *Addiction (Abingdon, England)*, *95*, 777–789. doi:10.1046/j.1360-0443.2000.95577713.x
- Joinson, A. (1998). Causes and implications of disinhibited behavior on the Internet. In J. Gackenbach (Ed.), *Psychology and the Internet: Intrapersonal, Interpersonal, and Transpersonal Implications* (pp. 43-60). New York: Academic Press.
- Kaldo, V., Levin, S., Widarsson, J., Buhrman, M., Larsen, H., & Andersson, G. (2008). Internet Versus Group Cognitive-Behavioral Treatment of Distress Associated With Tinnitus: A Randomized Controlled Trial. *Behavior Therapy*, *39*, 348–359. doi:10.1016/j.beth.2007.10.003
- Kim, J. (2008). The effect of a R/T group counseling program on the Internet Addiction level and self-esteem of Internet Addiction university students. *International Journal of Reality Therapy*, *27*, 4–12.
- Klein, B., Richards, J. C., & Austin, D. W. (2006). Efficacy of internet therapy for panic disorder. *Journal of Behavior Therapy and Experimental Psychiatry*, *37*, 213–238. doi:10.1016/j.jbtep.2005.07.001
- Lange, A., Van De Ven, J.-P. Q. R., Schrieken, B. A. L., Bredeweg, B., & Emmelkamp, P. M. G. (2000). Internet-mediated, protocol-driven treatment of psychological dysfunction. *Journal of Telemedicine and Telecare*, *6*, 15–21. doi:10.1258/1357633001933880

- Ljotsson, B., Lundin, C., Mitsell, K., Carlbring, P., Ramklint, M., & Ghaderi, A. (2007). Remote treatment of bulimia nervosa and binge eating disorder: A randomized trial of Internet-assisted cognitive behavioural therapy. *Behaviour Research and Therapy*, *45*, 649–661. doi:10.1016/j.brat.2006.06.010
- Mackinnon, A., Griffiths, K. M., & Christensen, H. (2008). Comparative randomised trial of online cognitive-behavioural therapy and an information website for depression: 12-month outcomes. *The British Journal of Psychiatry*, *192*, 130–134. doi:10.1192/bjp.bp.106.032078
- Miller, W. R. (1989). Increasing motivation for change. In R. K. Hester & W. R. Miller (Eds.), *Handbook of Alcoholism Treatment Approaches*. New York: Pergamon Press.
- Pier, C., Austin, D. W., Klein, B., Mitchell, J., Schattner, P., & Ciechomski, L. (2008). A controlled trial of internet-based cognitive-behavioural therapy for panic disorder with face-to-face support from a general practitioner or email support from a psychologist. *Mental Health in Family Medicine*, *5*, 29–39.
- Rabasca, L. (2000a). Self-help sites: A blessing or a bane? *APA Monitor on Psychology*, *31*(4), 28–30.
- Rabasca, L. (2000b). Confidentiality not guaranteed by most health Web sites, report finds. *APA Monitor on Psychology*, *31*(4), 13.
- Rochlen, A. B., Zack, J. S., & Speyer, C. (2004). Online therapy: Review of relevant definitions, debates, and current empirical support. *Journal of Clinical Psychology*, *60*, 269–283. doi:10.1002/jclp.10263
- Segall, R. (2000). Online shrinks: The inside story. *Psychology Today*, (May/June): 38–43.
- Spek, V., Cuijpers, P., Nyklicek, I., Riper, H., Keyzer, J., & Pop, V. (2007). Internet-based cognitive behaviour therapy for symptoms of depression and anxiety: a meta-analysis. *Psychological Medicine*, *37*, 319–328. doi:10.1017/S0033291706008944
- Sproston, K., Erens, R., & Orford, J. (2000). *Gambling Behaviour in Britain: Results from the British Gambling Prevalence Survey*. London: National Centre for Social Research.
- Tait, A. (1999). Face-to-face and at distance: The mediation of guidance and counselling through the new technologies. *British Journal of Guidance & Counselling*, *27*(1), 113–122.
- Tate, D. F., Wing, R. R., & Winett, R. A. (2001). Using Internet technology to deliver a behavioral weight loss program. *Journal of the American Medical Association*, *285*, 1172–1177. doi:10.1001/jama.285.9.1172
- Titov, N., Andrews, G., & Schwencke, G. (2008). Shyness 2: Treating social phobia online: Replication and extension. *The Australian and New Zealand Journal of Psychiatry*, *42*, 595–605.
- Wagner, B., Knaevelsrud, C., & Maercker, A. (2008). Post-Traumatic Growth and Optimism as Outcomes of an Internet-Based Intervention for Complicated Grief. *Cognitive Behaviour Therapy*, *36*, 156–161. doi:10.1080/16506070701339713
- Wardle, H., Sproston, K., Orford, J., Erens, B., Griffiths, M. D., Constantine, R., & Pigott, S. (2007). *The British Gambling Prevalence Survey 2007*. London: The Stationery Office.
- Wood, R. T. A., & Griffiths, M. D. (2007). Online guidance, advice, and support for problem gamblers and concerned relatives and friends: An evaluation of the GamAid pilot service. *British Journal of Guidance & Counselling*, *35*, 373–389. doi:10.1080/03069880701593540

Zabinski, M. F., Pung, M. A., Wilfley, D. E., Eppstein, D. L., Winzelberg, A. J., Celio, A., & Taylor, C. B. (2001). Reducing risk factors for eating disorders: Targeting at-risk women with computerized psychoeducational program. *The International Journal of Eating Disorders*, 29, 401–408. doi:10.1002/eat.1036

KEY TERMS AND DEFINITIONS

Addictive Behavior: Any behavior that takes over the life of an individual and compromises occupational and social activities, and personal relationships. The behavior is typically used to modify mood, causes withdrawal effects if unable to engage in the behavior, and other consequences (e.g., tolerance, relapse, cravings, etc.). The behavior may be chemical (e.g., alcohol addiction) or behavioural (e.g., gambling addiction).

Behavioral Telehealth: Health services in which health-care professionals and their clients use interactive, real-time communication media (e.g., Internet) to connect therapeutically across distances.

Face-to-Face Therapy: Any therapy where practitioner and client meet in the same room at the same time in an offline situation.

GamAid: An online advisory, guidance and signposting service whereby problem gamblers can either browse the available links and information provided, or talk to an online advisor (via one-way webcam) or request information to be sent via email, mobile phone (SMS/texting), or post.

Online Therapy: Computer-mediated therapy that can elicit emotionally rich, relationship-oriented verbal interaction between therapist and many different client groups.

Peer-Delivered Therapy Websites: These therapeutic websites are often set up by traditional helping agencies that have expanded their services to include an online option for clients (e.g., 12-Step groups such as Alcoholics Anonymous or Gamblers Anonymous who meet online).

Professionally Delivered Therapy Websites: These therapeutic websites are becoming more and more abundant and are typically run by professionally trained practitioners who have diversified their services to include an online adjunct to their offline services (e.g., counsellors, psychotherapists).

APPENDIX 1

Types of Online Counseling Service Sites

(Adapted and expanded from Connall, 2000)

Ask-a-Question'

This is basically where a person will write to a counselor with a specific problem and will then receive a customized answer.

Positive This is good if there is a well-defined problem that is succinct and to the point.

Negative It is bad if the nature of the problem is very complex and has occurred over a protracted period of time.

Ongoing Private Chat

This is basically where a client 'chats' with a counselor through the use of an instant messaging system (usually for a pre-defined period such as an hour).

Positive This is more likely to be beneficial if the issues are non-traumatic (relationship issues, job stress) and the client enjoys writing.

Negative This is unlikely to be of much benefit if the person is suffering from a severe or chronic problem (depression, addictions of various kinds, trauma) as body language and facial cues can be critical for the counselor to do an effective job.

Via E-Mail

This is basically where the client corresponds with the counselor using E-mail messages.

Positive This can be of benefit if the client wants to 'unload' at any time. It can also be used as an adjunct to traditional therapy in which the client and the counselor can maintain contact long after the end of the formal session.

Negative This method is unlikely to be of benefit if the client does not like writing about their problems at length.

Support Groups with a Counselor

This is basically where people can go to designated 'chat rooms' and talk with other like-minded individuals about their problems in a supportive online environment. These discussions are usually overseen and facilitated by professionals.

Positive If a person feels alone with a problem, sharing the problem in a group setting can be a liberating experience. The person can benefit from immediate feedback from other group members in a non-threatening (i.e., non face-to-face) environment. This is also very advantageous to those without access to fellow sufferers.

Negative Online support groups raise many ethical and legal issues as anyone logging on (e.g., minors) can log on and lie about their situation, age and/or identity

Video-Conferencing

As with face-to-face private sessions, the client will 'meet' with the counselor for designated periods of time and see and hear each other through cameras.

Positive This is beneficial if a person wants the counselor to be able to fully evaluate them.

Negative Despite visual presence, the visual presentation can still be poor (although this is getting better all the time).