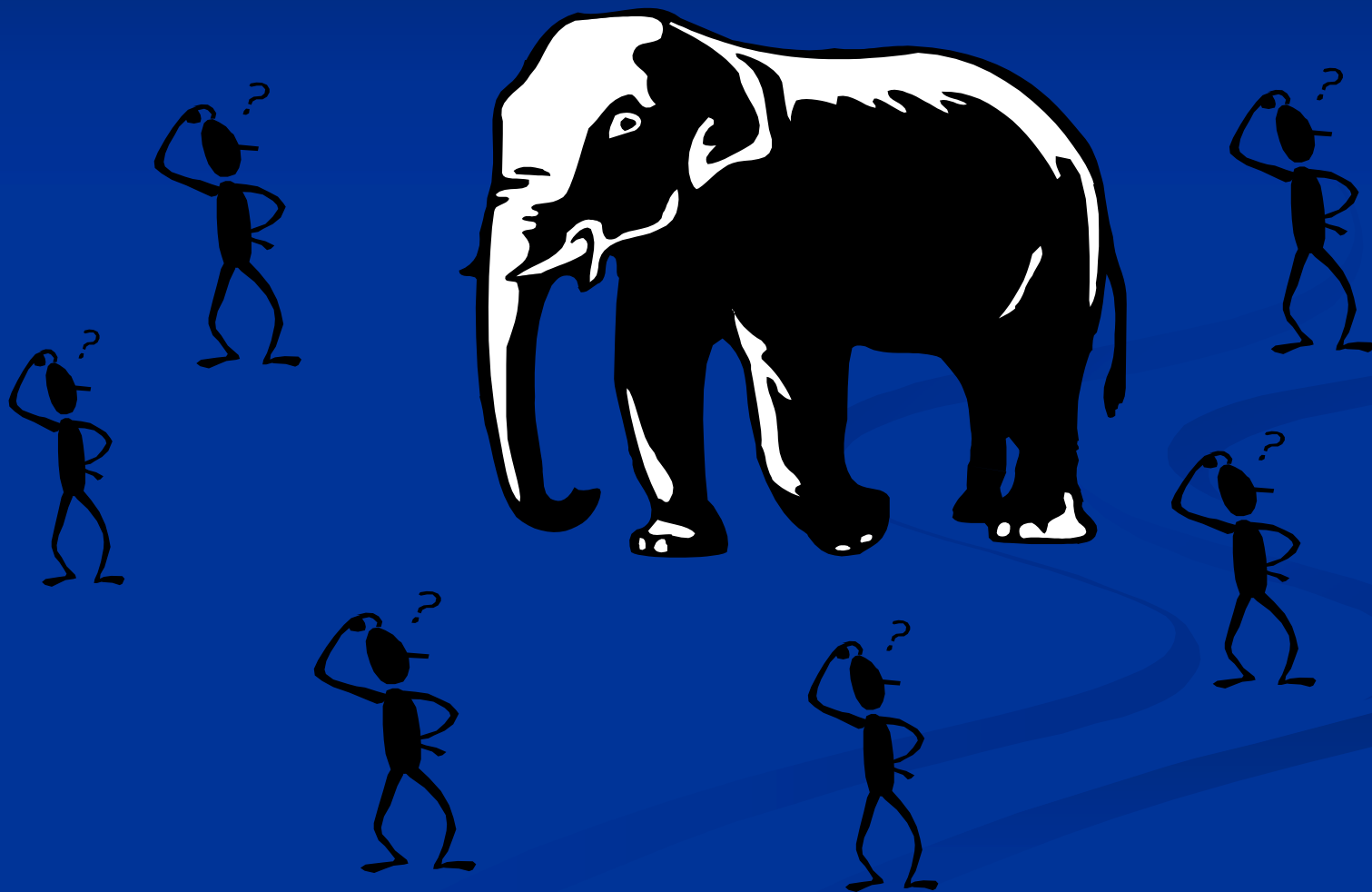


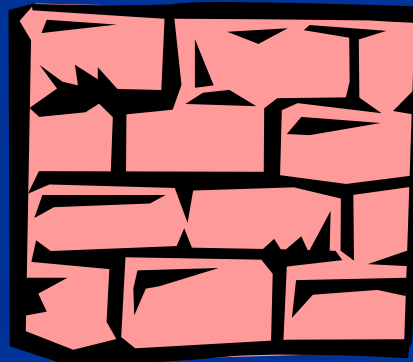
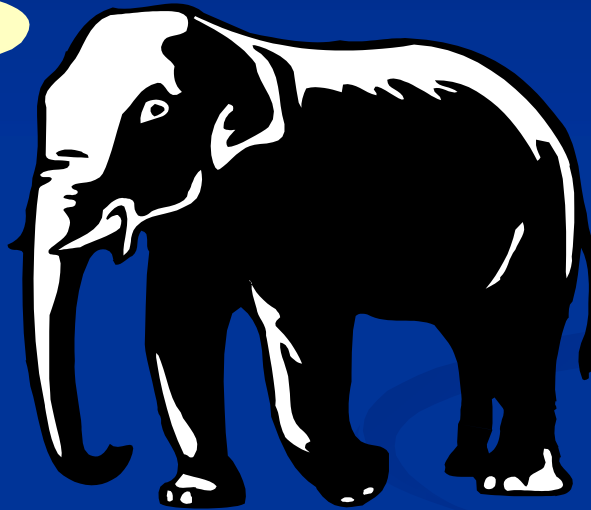
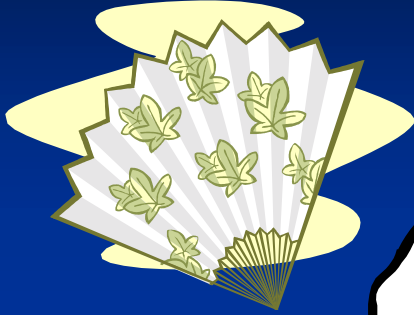
Ways of Knowing: A Synergistic Approach to Gambling Treatment and Research

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Louis Stokes Cleveland Veterans
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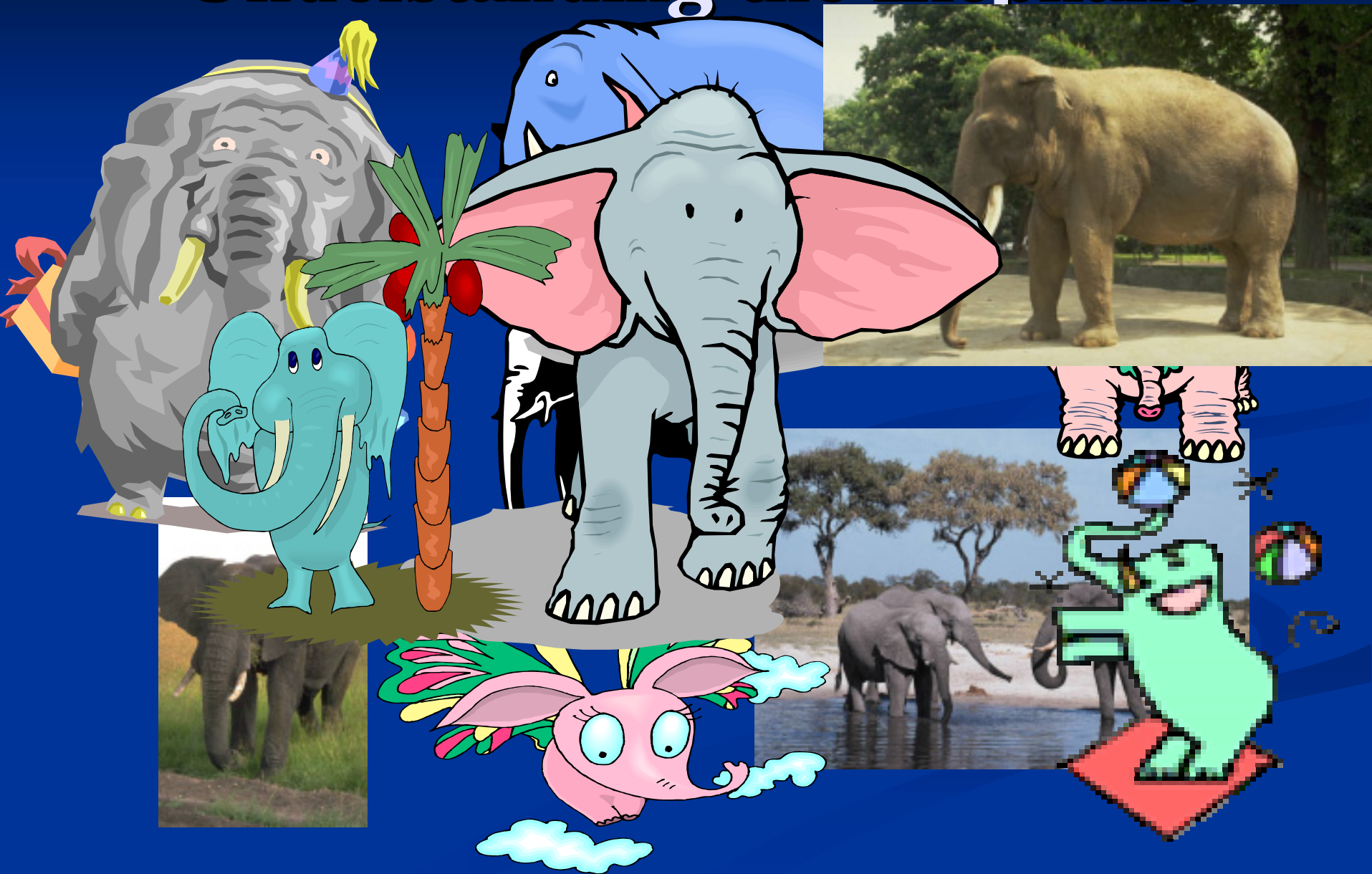
Understanding the Elephant



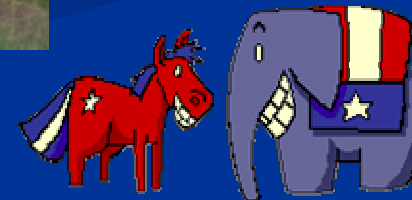
Understanding the Elephant



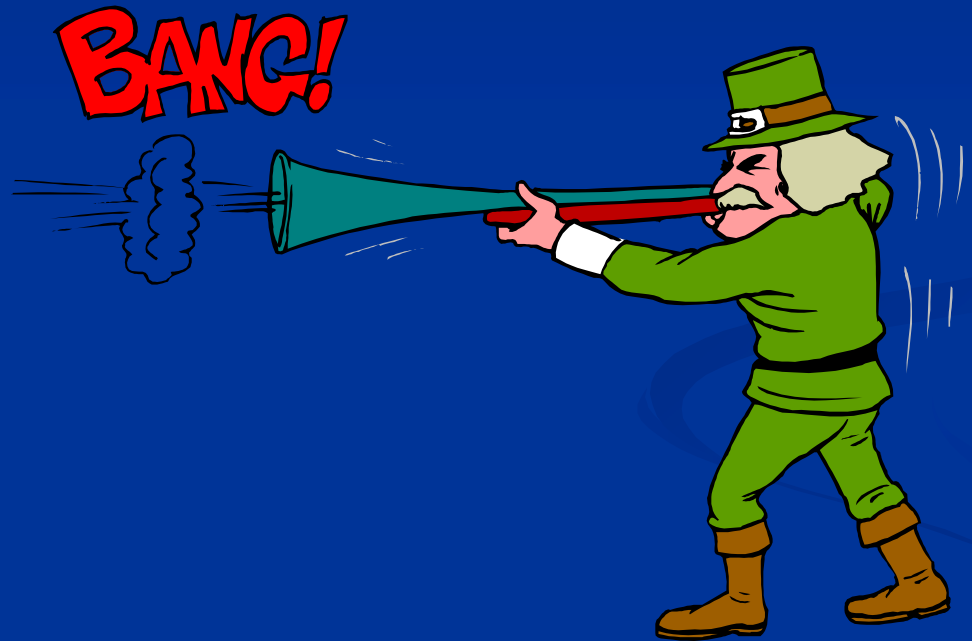
Understanding the Elephant



Understanding the Elephant



Multi-modal Treatment



The Dilemma of Treatment Matching

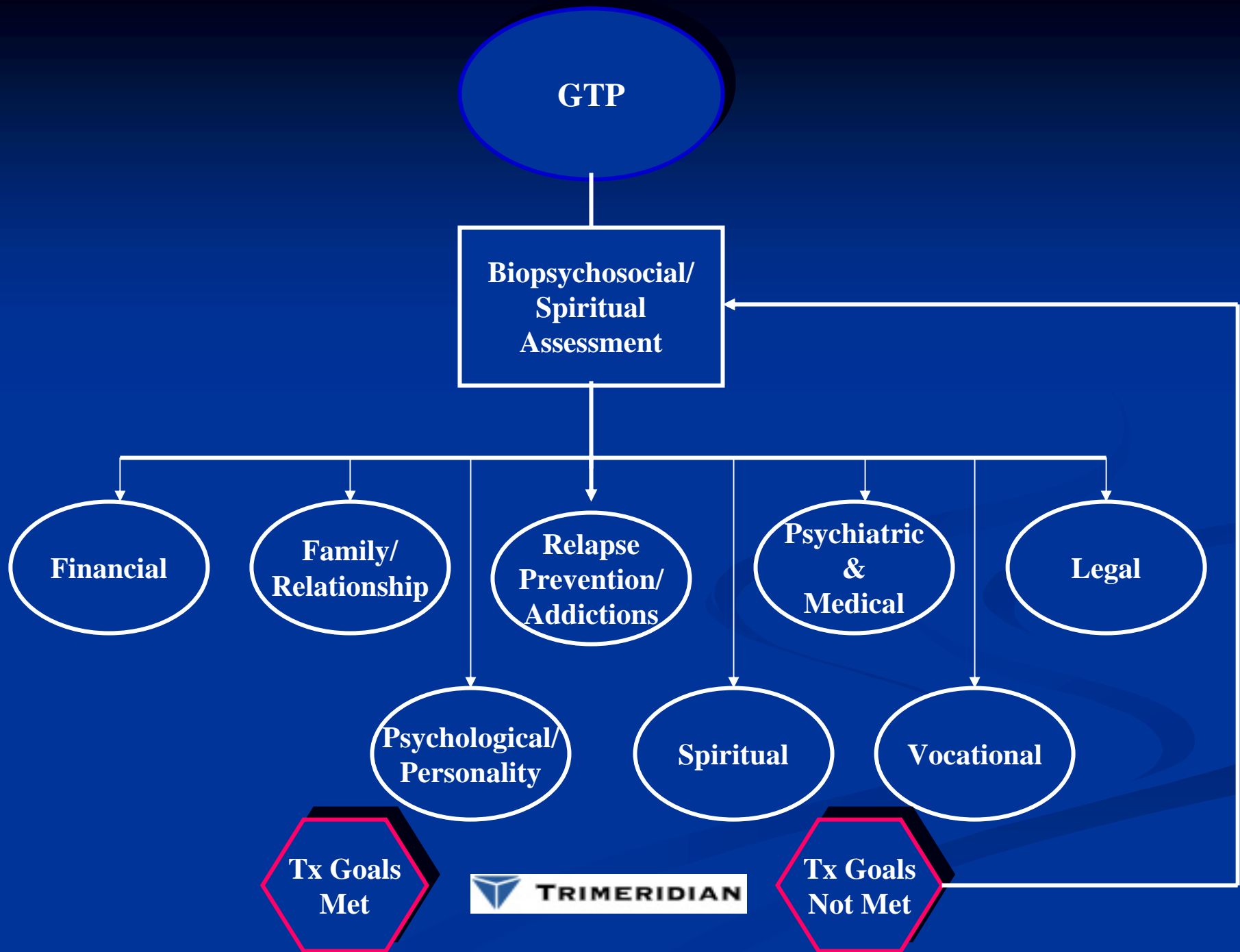
- Identifying patient characteristics that are associated with different outcome based on model or type of treatment
- Little evidence or no evidence that patient characteristics interact with type of treatment to affect outcome (Longabaugh & Wirtz, 2001)

The Dilemma of Treatment Matching

- What is the difference between treatment matching and individualized patient care?

Multi-modal Treatment

- Our clients present with a broad array of problems
- Gambling treatment needs to address the broadest scope of client problems
- In the absence of adequate treatment matching data, we are obligated to offer a broad range of interventions



Multi-modal Treatment: Concerns

- Lacks specificity to address any one client's specific needs as intensively as would be useful
- Based solely on clinician or agency idiosyncratic preferences
- Where do I start? What do I focus on?
- May lack focus and coherence
 - May not provide clients with the structure to learn specific recovery skills
 - Client information overload

Research Model: Issues and Concerns

- Back to our elephant
 - Sustained recovery: Acute care and research models for chronic disorders?
 - Importance of ongoing social context
 - Common process that underlies recovery resulting from formal treatment, informal care and “natural recovery.”
 - Process and relationship may be more important than content

Research Model: Issues and Concerns

- Back to our elephant
 - Duration and continuity of care may be more important than type of treatment, intensity or amount of care

Research vs. Reality

■ Optimal Research

(Najavits, 2003)

- Use of a manual
- Therapist training, supervision, adherence ratings
- Limits on Uncontrolled, External Treatments
- Define Active Ingredients of Treatment

■ Natural Setting

- Compilation of materials
- Minimal modality specific training or supervision
- Broad range of uncontrolled treatments
- Interaction of many ingredients

Evidence-based Treatment Guidelines

- “The development and implementation of empirically-validated treatments is seen by many mental health professionals as not only desirable by ethically imperative. It has been commonplace for some time now to emphasize patients’ rights to treatment and their right to refuse treatment. But patients should (also) have a right to safe and effective treatment.”

--Wilson, 1995

Development vs. Implementation of Evidence-Based Practices

Efficacy Trials

- Internal Validity
- Control
- Carefully selected client samples
- Randomized
- Manual based
- Closely monitored providers
- Reduce error variance and noise



Effectiveness

- External Validity
- Naturalistic community based
- Diverse subjects
- Diverse staff
- Staff “buy in”
- Understand how noise affects intervention

Evidence-based Guidelines: Concerns

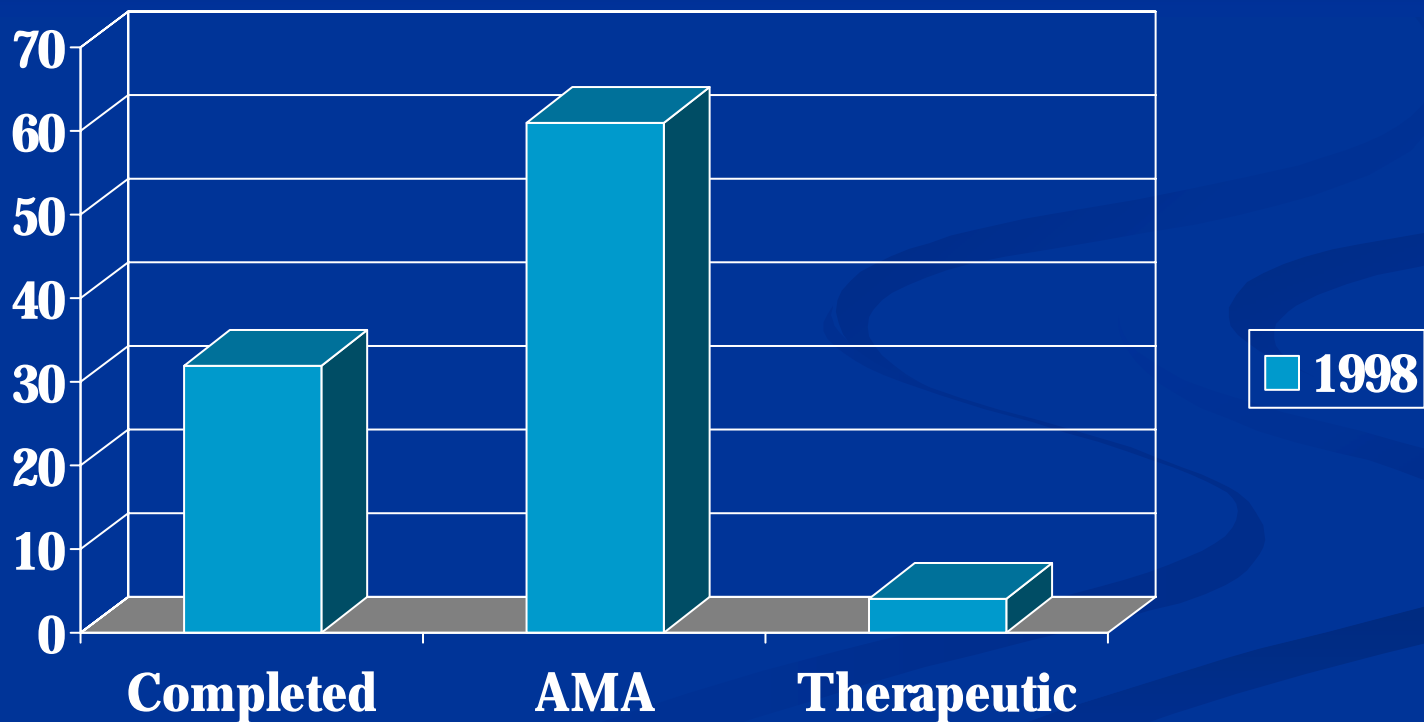
- Use of manuals will lead to decrease in the quality of treatment
 - Manual trained therapists will not be able to deviate flexibly when would be helpful in individual cases
 - Standardized treatment will be less beneficial than individualized treatment
- “Cookbook mentality”
- The therapist is “a disciplined improvisational artist, not a manual-driven technician (Bohart et al, 1998)”

Evidence-based Guidelines: Concerns

- What leads to better therapeutic alliance and innovation? Unfettered clinical practice or application of treatment guidelines?
- Can evidence-based practice be integrated with humanitarian, recovery-based model valuing client's experiences, responsibility, choice and empowerment

Case Example: Trimeridian Las Vegas IOP

IOP Discharges



Case Example: Trimeridian Las Vegas IOP

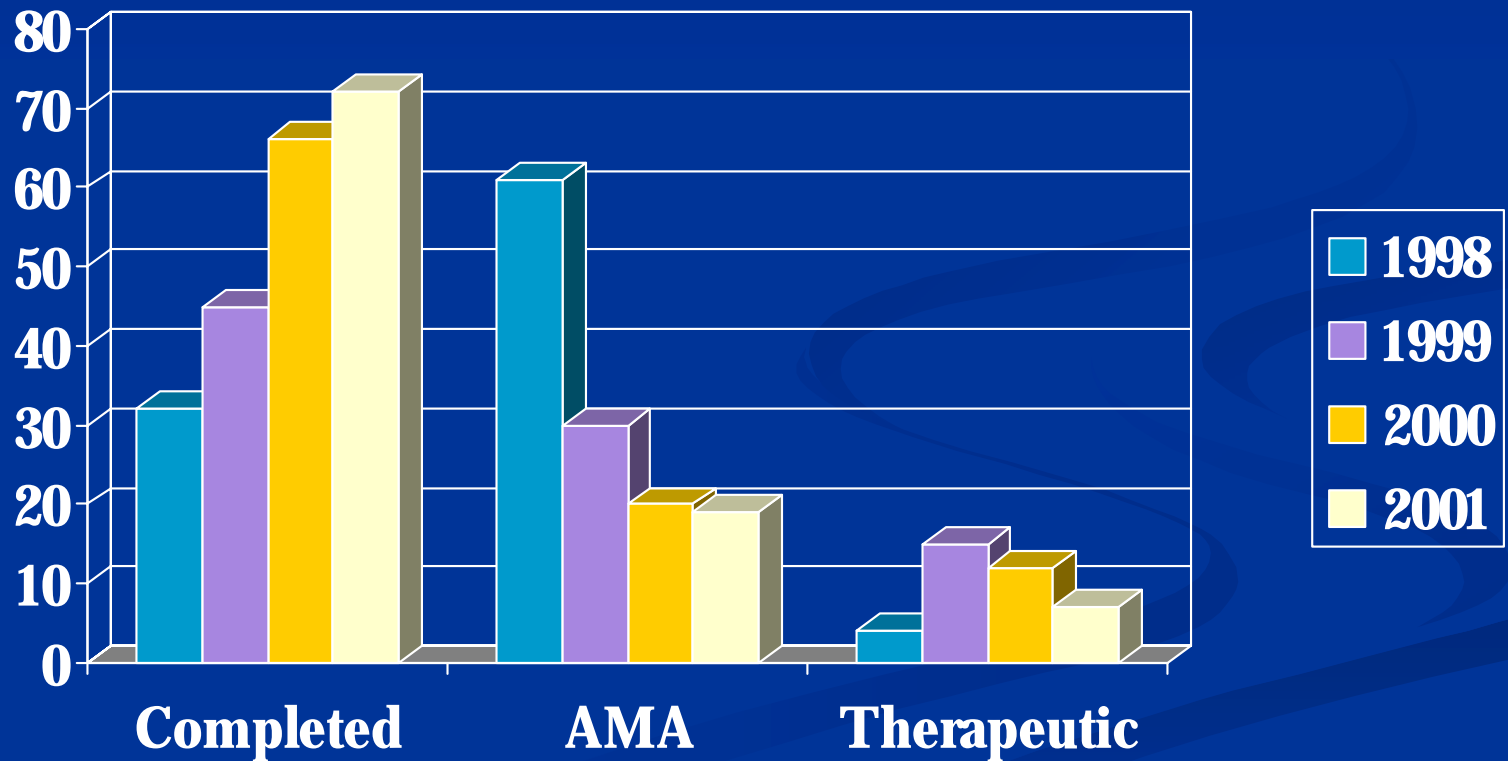
- Began with compilation of materials
- Existing, experienced GTP staff
- Experienced masters level CD and mental health counselors trained in pathological gambling
- Developed manual based on expert clinical experience, literature review and staff feedback
- Weekly supervision

Case Example: Trimeridian Las Vegas IOP

- Needed more
- Provided manual specific training and weekly supervision

Case Example: Trimeridian Las Vegas IOP

IOP Discharges



Case Example: Trimeridian Las Vegas IOP

- However -
 - Also, added 2 peer counselors in 2000
 - Manual not the only intervention in the program or outside of it
 - Other staff changes that contributed to cohesiveness of treatment team
 - Increased staff level of experience and confidence
 - Administrative experience in dealing with reimbursement

Case Example: Trimeridian Las Vegas IOP

■ Issues:

- Why can't I do it my way?
- Client – Therapist relationship building
- Training in client focused as well as manual focused treatment
- Openness to therapist feedback

Generalizing: Vegas and Beyond

- Clinician and Agency Resistance
 - Doesn't fit my theoretical orientation
 - Doesn't fit our existing model
 - Doesn't fit for my clients
 - Can't teach an old dog new tricks
 - Not enough time, resources, energy, interest

Generalizing: Vegas and Beyond

- Clinician and Agency Resistance
 - Work with agency and clinicians about how this could fit into existing practices
 - Start with existing clinician experience and expertise
 - Modify manual to be more appropriate for existing setting and treatment population
 - Resource manual vs. treatment manual
 - Be willing to be as educable and flexible as you are asking agencies and clinicians to be.

Generalizing: Vegas and Beyond

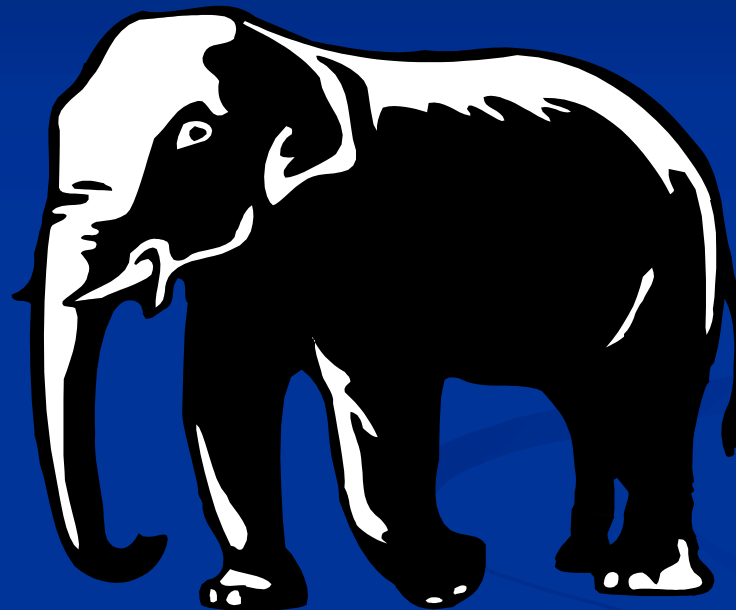
- Clinician and Agency Resistance
 - Listen, Listen, Listen
 - Work towards mutual respect and mutual learning
 - Need for a therapeutic support system
 - Case consultation
 - Supervision
 - Resource sharing and locating

Understanding the Elephant: Maybe we should ask the elephant.

Clinicians

Public Health
Administrators

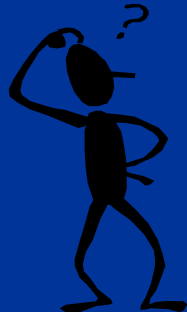
Researchers



Gamblers

Public

Funding Sources



Recovery Model

- Recovery – “A deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life, even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.”

----- William Anthony, 1998

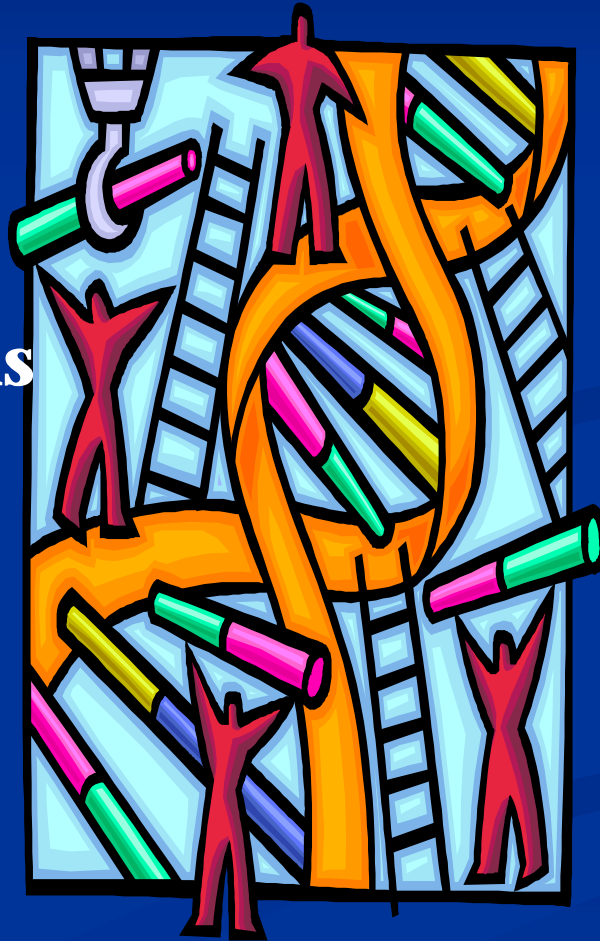
Recovery Model

- Not about us, without us.
- Empowerment and Self-Directedness
- Collaborative
- Responsibility for and control of recovery process be in large part with client

Recovery Model vs. Evidence-based Model

Recovery

- Phenomenological
- Subject experience
- Autonomous rights
- Treatment decisions made on personal values as well as scientific facts
- Client may have impaired or limited decision making



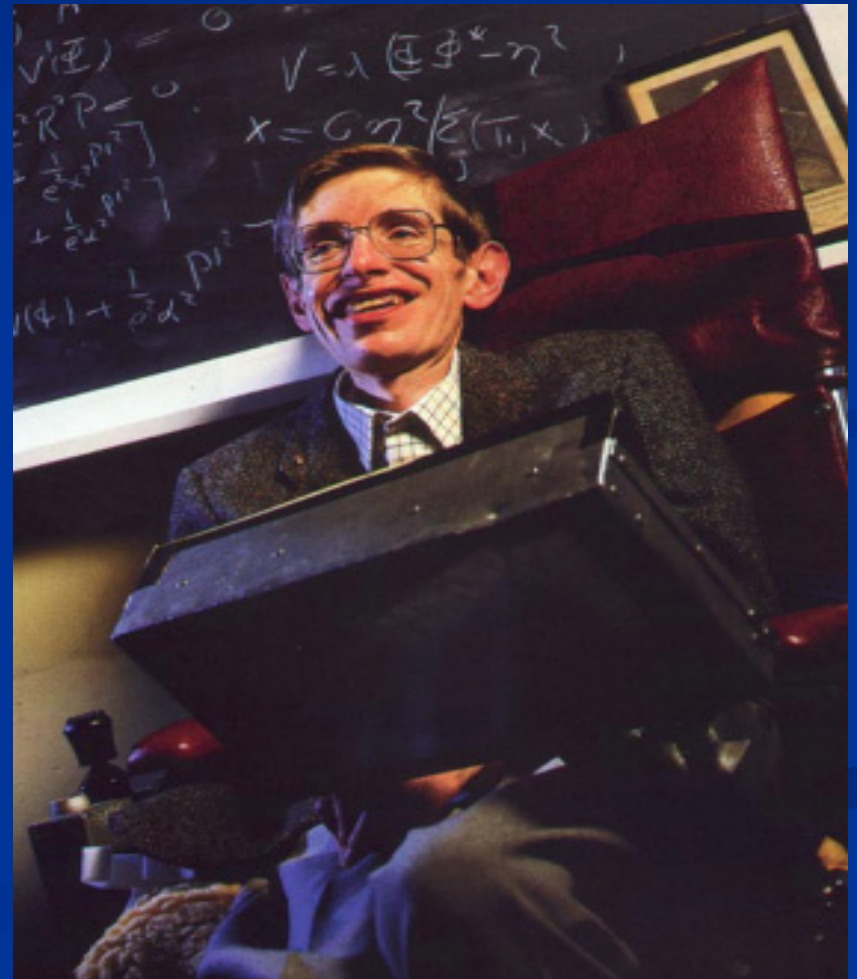
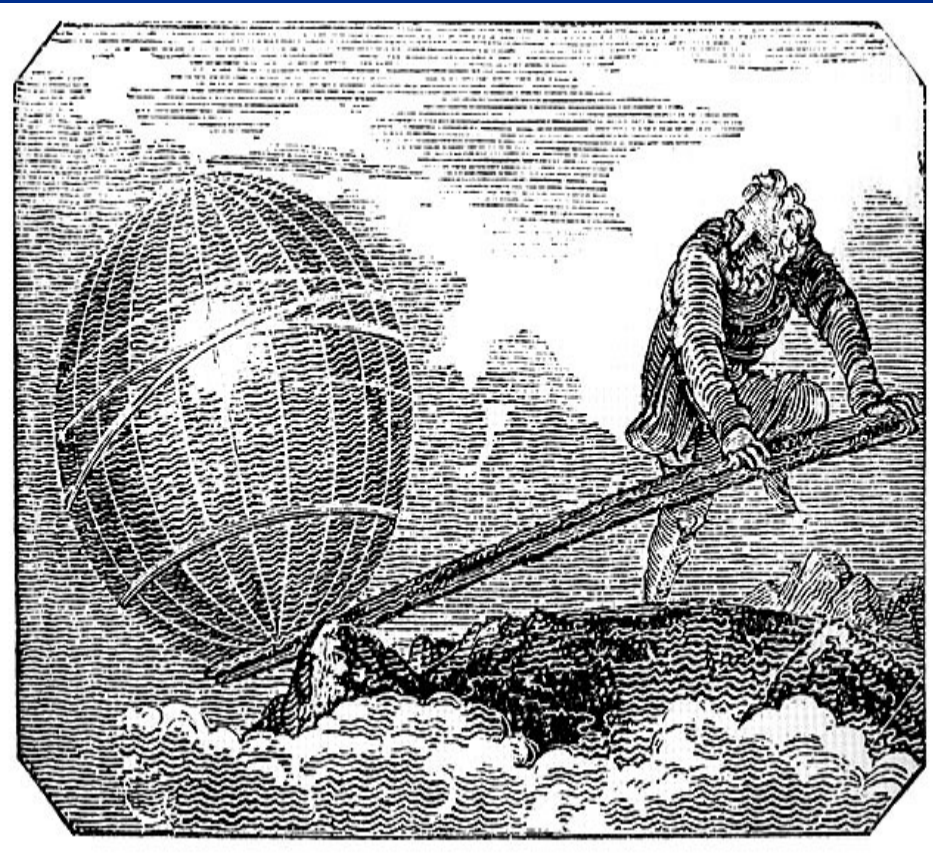
Evidence-based

- Objective
- Externally Measurable
- Can identify range of effective treatments and adverse effects
- Paternalistic
- External locus of control

Integrating Evidence-based and Recovery Models

- Consumers need valid and reliable information about available treatment alternatives and their efficacy
- Provide menu of treatment options.
- Consumer input into the development of research and service models
- Consumer support for treatment effectiveness and efficacy studies.
- NAMI model

Multimodal Treatment: Beyond the Shotgun Approach – Can we Develop a Grand Unified Theory?



Toward a more Unified Model of Treatment and Research

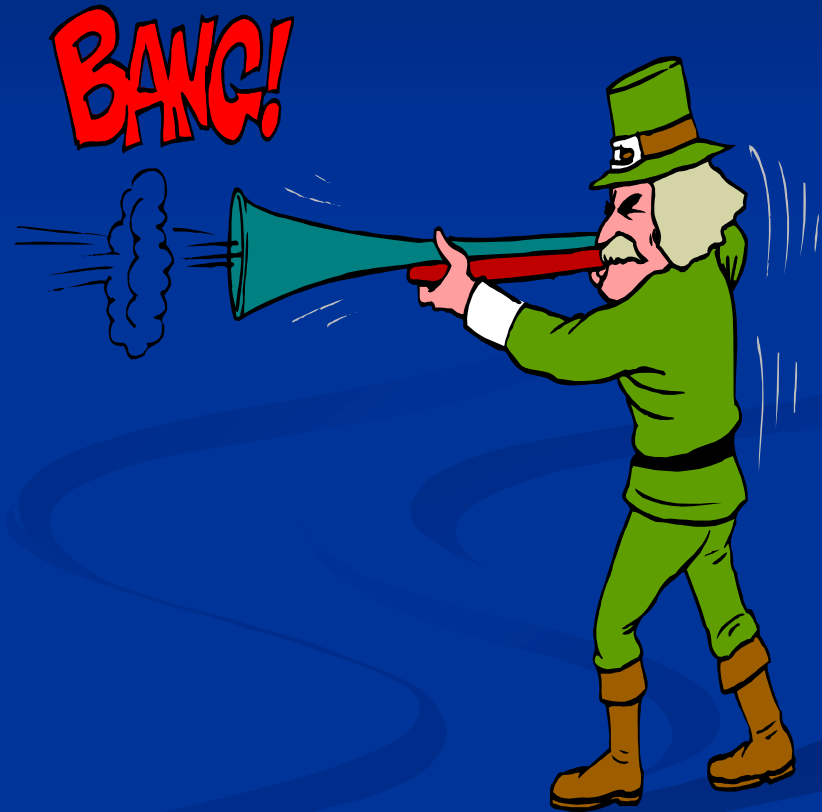
- What is the Gold Standard?
- “Efficacy trials provide only one specific context for observation and are not necessarily the royal road to a divine blueprint of revealed truth.” (Moos, 2003)
- Tightly controlled efficacy trials may not generalize to real-life clinical settings

Community Based Models

- Public Health Goals and Research Questions
- Inclusion of consumer perspectives
 - Clients
 - Therapists
- Qualitative Methods

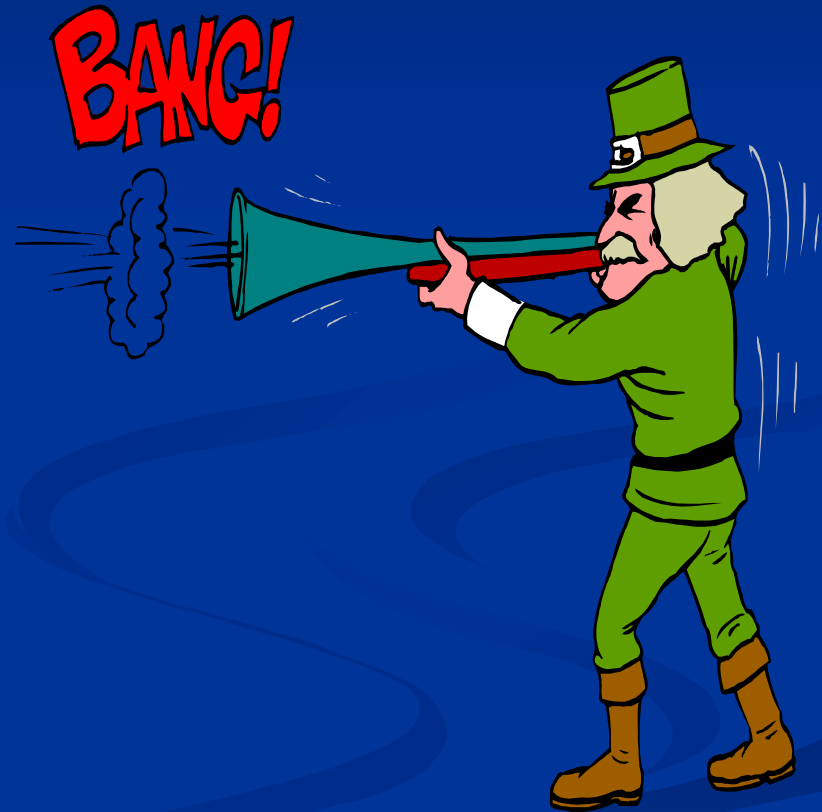
Multimodal Treatment: Beyond the Shotgun Approach

- Target services to address patients' specific problems (Hser et al, 1999)
- Target services to address life context issues (Zywiak, et al 2002)
- Match clients level of functioning with degree of structure, level of support and performance expectations (Timko et al, 2000)



Multimodal Treatment: Beyond the Shotgun Approach

- Based on evidence that integrated models for dually diagnosed patients are more effective (Barrowclough et al., 2001; Moggi et al., 1999)
- Need for decision tree models
- Structured, Evidence-Based Multi-modal paradigm
- Integrated with empowerment models.



Toward a Unified Model of Treatment and Research

- Inclusion of Qualitative Research
- Clinical Trials Network for treatment effectiveness as well as efficacy studies
- Perspective of naturalistic, longitudinal observation
- Qualitative and quantitative naturalistic study of best practices in actual clinical practice

Toward a Unified Model of Treatment and Research

- Community based participatory models
 - Include all stake holders and perspectives
- Value of interventions on improving health of communities as well as individuals
- Multi-modal research design in collaboration with an interdisciplinary research team

H - O - W