Using web-based videoconferencing to deliver both standard and intensified levels of substance abuse counseling treatment

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Expand the Continuum of Care

• One theme of ATS research. ATS is a community-based substance abuse treatment program offering OAT as one component of care.

• CRC Health Group eGetgoing.

• Expand access to care. Offer more convenience and privacy without compromising efficacy.
Two studies utilizing eGetgoing

- First study (2006) compared internet delivered vs. in-person group psychotherapy to increase the intensity of treatment.
- Second study (2009 – 2012) compared internet delivered vs. in-person individual psychotherapy for standard levels of counseling service.
Web-based Videoconferencing

- Vs. direct video telecommunication from fixed sites
- Can effectively replace person to person interaction for many uses
- Web-based advantage: convenience
- Fixed site advantage: maintain videoconferencing connection and other support services
Study Procedures: Internet Condition

- Contact eGetgoing IT specialist
- Download Adobe flash
- Site navigation (therapist/ pt training)
- 30-60 minutes to register
- Log on and password
- Microphone
Study Procedures: Internet Condition

• Log on at specified appointment times
• Routine counseling session
• No others allowed

Clinic therapists trained to perform web-based individual therapy for their own patients

Group therapists trained to perform web-based group therapy
Tolerance

- Developing tolerance towards others
- Understanding and accepting different perspectives
- Respecting individual differences
- Cultivating empathy and understanding
- Acting with kindness and generosity

Steps towards being tolerant:

- Listening actively
- Asking questions to clarify
- Sharing and considering others' viewpoints
- Accepting alternative viewpoints
- Learning from others'

Self-consciousness in tolerating others' differences.
Design Study 1

- ATS adaptive, stepped care model
- Controlled trial vs. routine treatment: patients advancing to Step 3 (two required relapse control group therapy sessions per week)
- Random assignment to either
  - Routine care (n=17)
  - Step 3 intensified group therapy using e-Getgoing videoconferencing (n=20)
- 6 weeks duration
Results

• High rates of therapy attendance: 92% vs. 76%
• Similar efficacy: 70% vs. 71% graduated to Step 2
• Excellent satisfaction both conditions
• Preferred internet over routine care
• BUT, Small sample size
• Minority eligible had access to appropriate computer and internet connection ( < 25%)
• Technical challenges for some
• Integrated with on-site services
Conclusions Study 1

- First reported study using web-based videoconferencing to increase intensity of substance abuse treatment
- Similar efficacy across conditions
- Preferred internet over routine care
- Indication of higher rates of therapy attendance in eGetgoing condition
Design Study 2

- Controlled trial vs. routine treatment: individual therapy for patients drug abstinent and treatment adherent for at least the prior month

- Random assignment to either
  - Routine care (n = 35)
  - e-Getgoing videoconferencing (n = 24)

- Weekly counseling sessions. However, many were only required to attend monthly sessions.

- 12 weeks duration
Results

- Therapy attendance similar (5.4 vs. 6.1 sessions)
- Urine testing similar (11% vs. 9% positive)
- Excellent satisfaction both conditions
- Therapeutic alliance high for therapists and patients (> 5/6)
- But, minority had access to appropriate computer and internet connection. Access not always reliable. Many did not register for eGetgoing.
- Technical challenges for some
- Integrated with on-site services
Conclusions Study 2

• First reported study using internet videoconferencing to deliver routine substance abuse counseling in a community-based OAT program
• Similar efficacy across conditions
• Generally preferred over routine care
• Very useful way to expand access to care for those with reliable internet connection
• King et al., JSAT, 2014, 46:36-42
Conclusions

- Videoconferencing can be used to deliver routine and intensified counseling.
- Similar efficacy and acceptability to in-person in our setting.
- Many prefer to routine care.
- Very useful way to expand access to care for those with reliable internet connection.
Thank you

- The ATS Assessment Team:
  Kori, Mike, Rachel, Mark, Jennifer, Jim, and Tiffany
Rapid Expansion of Internet Use

- Mental health information, education, and also therapy.
- Address a variety of problems: anxiety, eating, depression, and substance use (usually tobacco and alcohol)
- Several different levels of interaction
- Attitudes towards Internet therapy
Internet Advantages

- Reach remote areas (rural, underserved)
- Solve scheduling problems
- Privacy concerns, “hidden” populations
- Reach a wide audience; expand access
- Primary prevention: “stepped care”
- Lower cost and convenient access
Internet Limitations

- Problem severity usually mild-moderate
- Little regulation or quality control
- Barriers to use: education, access to computer and Internet
- Automated programs usually not completed by users
- Professional liability
Treatment satisfaction

• More convenient for work
• More convenient for child care
• Confidentiality/ privacy
• 100% preferred to routine care
• Particularly helpful for those with chronic drug use disorder
• Urine Drug Testing

• Positive specimens
e-Get 37% vs. 42%, p=ns

• Overall urine drug results
cocaine 21%
opiod 9%
benzodiazepines 9%
• Group therapies

• Intensify treatment
• Reduce drug use
• Make other gains in rehabilitation
• Cost effective
• Specific advantages vs. individual
Problems with intensified Tx

• Inconvenience—set time and location

• Confidentiality in group setting
### Demographics

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<th>Routine n=32</th>
<th>Internet n=22</th>
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<td>Male</td>
<td>44%</td>
<td>46%</td>
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<td>Minority</td>
<td>47%</td>
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<td>41 yrs</td>
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<tr>
<td>Education</td>
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Counseling Attendance

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<td>Internet</td>
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*p=.011

*3 months prior to study participation

**3 months of study participation
Helping Alliance Questionnaire (HAQ)

* p = .023
Treatment Satisfaction Internet Condition

- More convenient for work
- More convenient for child care
- Confidentiality/privacy
- Most preferred to routine care
Participants

- 40% of screened patients consented
- 80 consented and randomized
- 23/80 withdrawn:
  - 10 - no working computer/ Internet
  - 13 - other (lost interest, time commitment)
  - 3 - started and withdrew
- 54 completed study