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The acceptability of Internet-based interventions from clients' and clinicians' perspectives

What this research is about

In the last two decades, there has been an increase in Internet-based interventions (IBIs) for mental health issues, including gambling problems. This is because regular face-to-face treatment has some barriers to treatment uptake. For example, past research noted that some people felt shame, were in denial, and feared stigma about their problems. As a result, they would not seek treatment. Moreover, treatment is often costly and sometimes unavailable, thereby contributing to a lack of treatment.

IBIs can mitigate these barriers. Being Internet-based means such interventions could reach more areas and be more cost-efficient. IBIs also let people be anonymous, thereby reducing negative feelings. However, there is a slow uptake of IBIs in clinical settings for problem gambling. It is still unknown whether clinicians and clients accept this form of treatment. In this research, the aim was to better understand the barriers to access problem gambling treatment and the perspectives of clinicians and clients about the acceptability of IBIs. The authors defined acceptability as reflecting the extent to which people consider a treatment to be appropriate.

What the researchers did

The researchers did three focus groups with 13 clients who self-reported to have gambling problems, and two focus groups with 21 clinicians. They used an iterative design for the focus groups. This meant that their discussion guide was revised after the first focus group to guide later focus groups.

To analyze the focus group discussions, the researchers used an inductive-deductive thematic analysis. For inductive analysis, they developed codes

What you need to know

This research examined the acceptability of Internet-based interventions (IBIs) for people with gambling problems. The researchers recruited clients and clinicians to assess what they thought about IBIs. They did five focus groups. Results indicated that clients and clinicians have different motivations for using IBIs. Moreover, certain factors could increase acceptability among clients and clinicians. Clients and clinicians shared common concerns about having reliable technology, privacy and security, and the value of therapist guidance. Each group also had unique concerns. Clinicians spoke about issues regarding incorporating IBI into clinical settings, such as safety protocols and policies. Clients mentioned the need for IBI to be accessible and skills-focused, and to include support for their loved ones.

and themes based on patterns in the data. For deductive analysis, they used a theoretical framework of acceptability to guide their analysis. This framework has seven domains: (1) affective attitude (how people feel about the intervention); (2) burden (how much effort people think is needed to participate); (3) ethicality (if people think the intervention fits into their value system); (4) intervention coherence (how people understand the intervention); (5) opportunity costs (the costs of participating); (6) perceived effectiveness (if people think the intervention will work); and (7) self-efficacy (if people are confident they can perform the actions).

What the researchers found

Motivations for using IBIs

The results revealed that clients and clinicians had different motivations for wanting to use IBIs. For clients, it was because they were dissatisfied with previous face-to-face treatments or had difficulty attending these treatments. Clients also reported many barriers to treatment. For example, distance, transportation, timing constraints, waiting lists, finances, etc. For clinicians, the main motivation was their desire to reach clients who may experience barriers. All the clinicians agreed that IBIs can mitigate these barriers. However, they did not consider it as a replacement for face-to-face treatments. The clinicians also reported advantages and disadvantages to IBIs. For example, one advantage was that they could reach more people and increase treatment uptake. Disadvantages were that it could limit trust due to anonymity and reduce therapy quality.

Factors that increase acceptability

Clients and clinicians mentioned physical and social factors that could increase acceptability of IBIs. For clients, having services available 24 hours was a factor that increased acceptability. They preferred IBIs with therapists' guidance and skill-focused programming (e.g., use of homework, meditation, exercises). They also wanted support for their loved ones. Some clients mentioned having an integrated service approach, where they could access services for various mental health needs in one place.

For clinicians, physical (e.g., closed sessions, video-based communication) and social (e.g., comprehensive safety protocol, screening process) factors could make IBIs better. Clinicians also mentioned that the technology should be reliable and IT support should be offered. They spoke about the importance of screening client's needs and seeing if IBI is an appropriate treatment. A few clinicians noted that IBI only works after there is an established relationship and trust between therapists and clients.

How you can use this research

This research could be used by service providers and other researchers. Service providers could develop IBI by understanding what would increase its acceptability among clients and clinicians. Future studies could examine the effectiveness of IBIs against other forms of treatment.

About the researchers

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