

problem gambling issue, said Rugle.

"Seniors are a rapidly expanding patient population for this disorder," she said. "It's really becoming a recreational therapy of choice."

A common pattern among the senior population reveals that many may have been abstinent from alcohol for an extended period of time "but did not see the gambling coming," said Rugle. Gambling addiction "is not even on their radar screen."

For adolescents with gambling issues, said Rugle, they are also more likely to be involved in other high-risk behaviors. "Many have started gambling at an earlier age. ... Gambling [has been regarded as] so much more permissible."

It is easy for individuals who have

a gambling addiction to keep the problem away from professionals, Rugle said. "There is no way of testing the way you would someone with [substance] addiction issues. Basically, we only know if they tell us. The problem could go on for a much longer period of time."

Funding picture

The state's pilot effort is "an ambitious project that hopefully will secure additional funds to make the treatment of problem gambling available in more areas of the state," Bill Epps, director of outpatient services at the Central Community Health Board Drug Services Program, the state's pilot program in Hamilton County, told ADAP. "The treatment of chemical dependency in Ohio and other states is not abundantly funded to begin with."

Epps said the Drug Services Program has received \$50,000 from the state each year for the past two fiscal years. Epps, who indicated the amount is somewhat limited for providing the needed services, hopes the state will secure additional funds for the treatment of individuals with gambling and co-occurring substance disorders without reducing overall funding for chemical dependency treatment.

Epps is encouraged that ODADAS is working with the state legislature to expand its authority to treat compulsive gamblers. "That would make possible additional funding for treating folks who only have the problem of gambling at first blush," said Epps. "I say 'first blush' because once you get to know them better [you might] learn they have a co-occurring disorder."

CIGNA adds online coaching to enhance EAP services

Managed behavioral health care company CIGNA Behavioral Health (CBH) last month announced the launch of a new web-based, interactive service for employee assistance program (EAP) and behavioral management plan participants who have anxiety, depression and/or substance abuse.

The round-the-clock Internet-based services are intended to complement face-to-face counseling and to enhance participants' ability to resolve behavioral issues. Psychological, physical or other barriers that may hinder in-person services are removed by the anonymity, security and confidentiality of the online coaching tool, according to CBH.

Online interactive exercises provide plan participants with tailored feedback about their behavioral health-related concerns. According to the Eden Prairie, Minn.-based managed care firm, this service augments existing behavioral benefits for employers and their workers at no additional charge.

The online service is offered

through CBH's Emotional Well-Being program. Plan participants access the "coached series" via their employers' secure extranet site or through the CBH website. Individuals who access the site are given a unique account that ensures privacy and enables them to receive customized feedback and educational information.

One of the reasons CBH chose to look at online coaching was that last year about 37,000 members had attended only one session of therapy.

The program offers up to nine interactive sessions that each take about 20 to 30 minutes to complete. Optional homework assignments can be submitted by the participant to a licensed behavioral health expert for confidential and personalized follow-up.

"We're trying to give consumers tools they want and need should they

not [have] other ways to find solutions," Jodi Aronson Prohowsky, Ph.D., CBH's vice president of clinical operations, told ADAP. "They can go online. They don't have to identify themselves, [nor do] they have to call us first."

Prohowsky added, "The goal is to provide consumers with the information to allow them to make good health care choices."

One of the reasons CBH chose to look at the online coaching tool was that last year about 37,000 members had attended only one session of therapy, said Prohowsky. "As a clinician, that tells me a lot," she said. The individual may have found the program wasn't for him or her, or that he or she didn't need therapy and needed to think about their problem in a different way, observed Prohowsky.

CIGNA's Emotional Well-Being plan offers participants assistance in areas they might not think a behavioral health company would offer, she said. "There's a tremendous amount of information in there just

about life,” even areas such as learning how to write a productive e-mail or planning a successful vacation.

The interactive site provides participants with information on substance abuse, stress and depression, said Prohofsky. “It allows an individual to go online in a confidential and private way and take a self-assessment.”

She stressed that the online coaching tool is no replacement for face-to-face counseling. In fact, the program features a disclaimer to that effect, she said. The program offers a venue for participants to explore

their concerns further, or even to prepare for therapy sessions, she added.

A participant who has a drinking problem may opt to go online for information rather than try to reach someone directly, Prohofsky said. Foreexample, the person may go online to explore such concerns as, “I think I might be stressed,” or “My family and friends are concerned about my drinking,” she said.

The program is set up to let participants know if they should go in for further assessment and receive face-to-face counseling,

Prohofsky said.

Since the program’s launch, more than 1,000 participants have accessed the interactive coaching component of Emotional Well-Being. Feedback from CBH customers who purchase the service for employees and from users has been positive, said Prohofsky. Users appreciated the presence of an online service that was developed under a clinical eye, said Prohofsky.

CBH plans to look into additional support areas for its online services, including grief-related information, said Prohofsky.

Resources

Card games designed to improve decision-making

Wellness Reproductions & Publishing is offering three new card games designed to help players think

about possible choices, consider the outcome and make better choices. The games include teen and adult versions of “Actions & Consequences,” and “Actions & Outcomes” for older adults. Each game offers 75 real-life situations that relate to issues

that are relevant to the target audience. The games have an interactive component and can be used in groups in school, treatment or clinical settings where discussions of the value of responding, rather than reacting, take place.

The games are designed for three to 12 players and include complete instructions. For more information or to receive a free Mental Health & Wellness Resources catalogue, call (800) 669-9208, visit www.wellness-resources.com or write to Wellness Reproductions & Publishing, P.O. Box 9120, Plainview, NY 11803-9020.

Researchers to study law’s impact on school prevention programs

Researchers at the Chapel Hill Center of the Pacific Institute for Research and Evaluation (PIRE) have received funding to study the impact of the No Child Left Behind Act of 2001 on school-based drug and alcohol programs.

The federal legislation, which took effect in July 2002, includes several provisions that affect the Safe and Drug-Free Schools and Communities (SDFS) program, the primary funding source for school-based drug and alcohol prevention efforts that provides schools with about 70 percent of their prevention funding.

The legislation states that school districts will have the authority to opt out of implementing approved research-based programs, and will be able to transfer SDFS program money into other unrelated programs.

The PIRE study will focus on what effect the law has on the quality of programs and on how local school districts distribute their funds.

Denise Hallfors, Ph.D., principal investigator of the study and a senior researcher at PIRE, notes that “between shrinking budgets and growing pressure to improve academic performance, there is the danger of school districts transferring money out of SDFS programs and into other programs.” This generates cause for concern because school-based preventive programming is the primary method for reaching out to children and youth on the subjects of drug and alcohol abuse and violence.

The Substance Abuse Policy Research Program of the Robert Wood Johnson Foundation is funding the three-year study.

Hazelden publishes book for recovering women

Hazelden Publishing has developed *The Little Red Book for Women* to speak to women about 12-Step recovery and Alcoholics Anonymous (AA). The book is based on the original *Little Red Book*, written by two anonymous men in 1946 for those in early recovery and those who have established sobriety. It contains the original text of *The Little Red Book* with annotations by author Karen Casey, the author of *Each New Day a New Beginning*. The annotations are written specifically for women and address issues and feelings women in recovery may be experiencing.

The Little Red Book for Women

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