Form Submitted 31 Mar 2022, 5:17pm NZDT

Project Report

* indicates a required field

Research Title

Behaviour change strategies for Internet Addiction: An exploratory study This question is read only.

Please provide a short summary of the work that was completed as part of this project / research *

This research grant extended a previous contract investigating behaviour change for internet addiction. The current allocation was for \$9,500 and extend a study examining the convergence of gaming and gambling in gambling treatment services in Aotearoa, New Zealand. The aim of the research was to conduct a gap analysis of treatment for internet gaming in NZ. The current grant meant we were able to extend the HRC grant from gambling only to a wider range of views from across New Zealand. Internet NZ funds contributed towards recruitment, data analysis and dissemination.

Describe the "who, what, where, when and why" of your initiative

Timing

Is your project / research complete? *

Yes ○ No

If your initiative is still in progress, pick "no"

Start Date Finish Date

25/06/2018 21/03/2022 Must be a date. Must be a date.

Milestones

What have been the major steps / stages (i.e. milestones) involved in delivering your initiative to date?

Milestone Description Recruit participants We recruited 88 participants from across NZ addiction services to complete a survey on the treatment of internet gaming disorder. Complete data analysis Analyse the finding and prepare for publication Prepare peer reviewed publication Prepare the work for publication e.g. planning; major activities; evaluation

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Outcomes

What outcomes were generated as a result of this project / research?

Outcomes are the changes that have occurred for the beneficiaries of your initiative. Generally outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation, (these are generally **immediate** or short-term outcomes)
- Actions, behaviour, change in policy (these are generally **intermediate** or medium-term outcomes)
- Social, financial, environmental, physical conditions (these are generally long-term outcomes)

Immediate outcomes occur directly following an activity (e.g. within 1 month); intermediate outcomes are those that fall between the immediate and long-term (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

We also want to learn more about how you tracked the outcomes of your initiative - what you measured and how.

If you need more help understanding what outcomes are, read the help sheets at www.ourc.ommunity.com.au/evaluation

List your initiative's outcomes and attached information in the following table. Leave blank any fields that do not apply to your project.

Outcome	Were these outcomes anticipated?	Timeframe	Indicator	Verification Method
Knowledge	Anticipated	Immediate	Screening and assessment practice	Survey findings
Knowledge	Anticipated	Immediate	Preferences for future support	Survey findings
Change in policy	Anticipated	Long-term	Establishment of a system to treat gaming disorder	Survey findings
Collaboration	Anticipated	Long-term	Future collabora- tions	Completion of project
Outcomes are the changes that you believe were generated or influenced by your initiative. See information above.	Choose from the list	Choose from the list (see description above)	What you used to measure this outcome - e.g. "change in teenage pregnancy rates from x to y"	e.g. survey; in- terviews; focus groups

What (if anything) did you change in your approach and practices as your project? research proceeded, and why? *

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No change to our proposal.

We may use this information to help inform others undertaking similar work

What did you learn as a result of undertaking this project/program? *

Our study examined screening and responsivity to gaming disorder detection with 88 clinicians located within 35 gambling, alcohol and other drug, and youth services in New Zealand. Results indicated just one in three clinicians have training in screening for gaming disorder. The most frequent screening method was an unstructured interview (61%), but 74% stated they would use a standardized screening tool if available. Responsivity to the detection of gaming disorder most often was an immediate intervention (84%) and low rates of referral to other treatment (28%). There was strong support for training in screening (85%), treatment guidelines (88%), self-help materials (92.0%) and internet-delivered cognitive behavioural therapy (84%).

We assessed the degree to which clinicians were confident in administering various techniques to treat gaming disorder. Nineteen techniques were assessed, and the vast majority of participants (>95%) reported that 15 out of 19 techniques could be useful. Participants were at least moderately confident in administering motivational approaches, with the lowest confidence associated with providing feedback on assessment. Other techniques associated with the highest confidence levels were relapse prevention, problem -solving, mindfulness, and social skills training. Across the surveyed participants, clinicians providing gambling treatment (PGF Services and Salvation Army Oasis) reported the highest caseloads of adults with gaming disorder. Gambling clinicians were the most confident in administering treatment for gaming disorder.

Addiction services in New Zealand appear willing to implement screening and brief treatment for gaming disorder, but report lacking necessary training and resources, including access to a rapid screening tool and treatment guidelines. Specific recommendations arising from this study are as follows:

- Conduct a systematic review and meta-analysis to identify a valid and reliable brief screening tool for gaming disorder that can be administered in allied and mental health
- Provide access to an appropriate screening tool that can be self-administered or integrated into routine service delivery.
- Develop and test a brief self-help intervention that is co-designed with consumers and clinicians and contains techniques identified by clinicians as potentially helpful in treating gaming disorder.
- Examine the feasibility of blended CBT treatment with clinicians providing gambling treatment as well as other interested clinicians in alcohol and drug services and mental health.
- Develop treatment guidelines for gaming disorder treatment and ensure they are accessible to a wide range of clinicians.

We are particularly interested in lessons that may help others undertaking similar work. Think about what you learned about your inputs (money, skills, personnel, time - too much; too little; about right?); your assumptions (were they 100% right, only partly right, or were the results a complete surprise?); and the context of the project/program (timing; targeted beneficiaries; geographic settings - were they right; wrong; about right?)

How will you share your learnings from this project/research? *

The findings have been prepared as a peer reviewed publication. The paper was submitted for peer review in January 2022 to International Journal of Mental Health and Addiction. We have also had our abstract accepted for the International Gambling Conference held in New Zealand in June 2022. The learnings will also form part of a HRC partner project with treatment services in 2023.

Internet research 2017/18 Internet Research final report

Application IR170024 From Dr Simone Rodda

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Publication name: Park, J.J., King, D., Wilkinson-Meyers, L., and Rodda, S.N. (under review) screening and responsivity to the detection of gaming problems in gambling, AOD and youth services: Practice considerations and recommendations.

What mediums were used to share the learnings? Have you reached the audience you expected?

We'd love to see some visual and audio representations of your work. Please share below.

Upload files:

Filename: gaming treatment Feasibility.pdf

File size: 489.6 kB

Filename: person centre care NZ internet.pdf

File size: 1.3 MB

and/or

Provide web link:

Must be a URL

and/or

Provide additional details:

The current grant was an extension of a previous project on internet interventions. We are pleased to advise that since our last update two papers have been published in international journals. Both of these papers acknowledge Internet NZ. A summary of the work is detailed below and both papers attached for your records.

The first publication focused on the treatment of gaming disorder. With the assistance of Internet NZ we recruited 50 adult gamers from New Zealand to test the feasibility of a brief internet-delivered intervention. The intervention components were derived from Implementation Intention principles whereby the gap between intention and behaviour was targeted. Follow-up evaluation at 3-months indicated the intervention was feasible as it demonstrated rapid recruitment, program engagement (86% used the program), and high satisfaction (easy to understand and convenient). Plans most frequently focused on behavioural substitution and lifestyle change, and the most frequent barrier to change was time management followed by social pressure. Completers reported a significant increase in well-being and reduction in severity, intensity, and time spent gaming, which reduced from an average of 29 to 11 hours per week. We concluded that delivery of a brief internet-delivered intervention shows promise and could be used to treat people experiencing problems who are unable or unwilling to access face-to-face treatment.

Internet New Zealand were publicly acknowledged in the article for their support for this research.

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This work attracted follow-on funding from Ember Korowai Takitini New Zealand as well as strong student interest. Jennifer Park joined the team as a PhD candidate and is making strong progress in extending this work.

The second published output was an article describing person-centre care for problem gaming which focused on the stepped care approach. This was the first article that focused on what health systems might look like for people with gaming problems. We found a comprehensive health care approach for interventions for problem gaming is in its infancy, with numerous service access and delivery issues still to be resolved. This study highlighted the importance of involving individuals with gaming-related problems in developing solutions that are fit for purpose and address the spectrum of individual preferences and needs. These findings recommend a stepped healthcare system that adheres to evidence-based practice tailored to each individual and the implementation of standard assessment and routine outcome monitoring.

The article has attracted excellent interest with over 2100 accesses since it was published in May 2021. Internet New Zealand were publicly acknowledged in the article for their support for this research.

Please include captions, if relevant

Can we use your media content in our own communications?

Financial Report

* indicates a required field

Project Income & Expenditure

Please provide details of any project income (funds received) and project expenditure (funds spent) to date.

Use the 'Notes' column to provide any additional information you think we should be aware of.

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
grant	Philanthropic Grants *	Confirmed *	\$9,500.00	grant

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Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
Koha	Evaluation *	\$5,000.00	participant recruit- ment
data analysis	Evaluation	\$4,500.00	survey analysis

Income and Expenditure Totals

Total Income Amount	Total Expenditure Amount	Income - Expenditure
\$9,500.00	\$9,500.00	\$0.00
This number/amount is calculat-	This number/amount is calculat-	This number/amount is calculat-
ed.	ed.	ed.

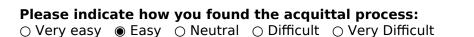
Have you experienced any issues with your intended project budget to date? If so, please explain reasons for any major variances or for providing incomplete information:

No issues

Certification and Feedback

Feedback

You are now nearing the end of this form. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback. (If you would rather provide anonymous feedback, please go to **{{ Grantmakers: provide a link to an anonymous survey or delete this sentence }}**



How many minutes in total did it take you to complete this form?

Estimate in minutes (i.e. 1 hour = 60 minutes)

Please provide us with your suggestions about any improvements and/or additions to this form that you think we need to consider:

Thank you for the ongoing support. Our team really appreciate it and the additional funds really helped to extend our research.

Internet research 2017/18 **Internet Research final report** Application IR170024 From Dr Simone Rodda Form Submitted 31 Mar 2022, 5:17pm NZDT