Self-help treatment for at-risk and pathological gamblers: Results from an efficacy study

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Problem Gambling and Help-Seeking

- **Gambling disorder** (DSM-5, APA 2013): “Persistent and recurrent problematic gambling habits that lead to clinically significant impairment or distress”

- **Problem gambling on a continuum** (Toce-Gerstein, Gerstein, & Volberg, 2003; Shaffer & Hall, 1996):
  
  No problem---------At low-risk --------- At moderate risk -------Pathological

  **Problem gamblers**

- **Use of formal help:**
  - 12% of at-risk gamblers (Suurvali et al., 2008)
  - 6 - 29% of pathological gamblers (Slutske, 2006; Suurvali et al., 2008; Volberg et al., 2006).

- **Help-seeking:**
  - Main barriers: shame, wish to handle problem by oneself (Suurvali et al., 2009)
  - Often occurs when gamblers hit “rock bottom” (Evans & Delfabbro, 2005).
Self-Help Treatments

Aim of the study:
- Assess the efficacy of a SHT to reduce problem gambling severity and gambling habits compared to a waiting list condition

The SHT program "JEu me questionne" (CQEPJT, 2012):
- Three motivational telephone interviews spread over an 11-week period
- Cognitive-behavioral workbook
- Suggested treatment duration: 11 weeks
- Program adapted from a feasibility study from Ladouceur et al. (2015)
Hypotheses:
After 11 weeks, compared to the waiting list group,

I. Treatment group will show a significant decrease in:
   - Number of DSM-5 gambling disorder criteria
   - Gambling frequency
   - Time spent gambling
   - Money spent gambling

II. Treatment group will show a significant increase in:
   - Self-efficacy

III. Improvements showed by treatment group at week 11 will be maintained throughout follow-ups one, six and 12 months later
Flow of participants through study protocol

Excluded ($n=76$)
- Not meeting inclusion criteria ($n=68$)
- Declined intervention ($n=3$)
- Unable to contact for initial assessment ($n=5$)

Assessed for eligibility ($N=138$)

Allocated to groups by minimisation ($N=62$)

Allocated ($n=31$)
- Received intervention ($n=31$)

Lost to follow-up
- Week 11 ($n=4$)
- Month 1 ($n=2$)
- Month 6 ($n=0$)
- Month 12 ($n=2$)

Waiting list control group
Allocated ($n=31$)

Lost to follow-up
- Week 11 ($n=4$)

Received intervention after waiting period ($n=27$)

Analyzed ($n=31$)

Analysis

Follow-ups

Allocation

Treatment group

Received intervention ($n=31$)

Analysis
Participants

Sample characteristics (N = 62):

- No significant between-group differences on sociodemographic variables ($p = 0.31 - 0.94$)
- 61% men
- Age: $M = 51.5$ years old, $SD = 11.7$
- Marital status: 45.2% single
- Education: 50% were high school graduates or had lower education
- Occupation: 56.5% were employed
- Income: 52.5% had gross annual income of 40 000$ CAD or less per year
- 87.1% identified video lottery terminals as their problematic gambling activity
Material – CBT workbook

• The «JEu me questionne» workbook:
  • Cognitive-behavioral approach

• Divided in 5 treatment phases
  1. Motivation and assessment of gambling habits and consequences
  2. Behavioral intervention: how to identify and deal with high-risk situations
  3. Treatment goal: controlled gambling or abstinence/ Psychoeducation
  4. Identify and change gambling-related thoughts
  5. Relapse prevention
# Procedure

<table>
<thead>
<tr>
<th>Treatment group</th>
<th>Scree-ning</th>
<th>Initial Assessment</th>
<th>MI 1</th>
<th>MI 2</th>
<th>MI 3</th>
<th>Treatment with workbook</th>
<th>Week 11 evaluation</th>
<th>Month 1</th>
<th>Month 6</th>
<th>Month 12</th>
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<td>Waiting list control group</td>
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Statistical analyses

Main analysis approach: linear mixed model
- Use of all available data on each subject
- Unaffected by randomly missing data (Gueorguieva & Krystal, 2004)

- Hypotheses 1 and 2  Treatment outcome:
  - Repeated-measures analysis of variance on each outcome variable to test for effects of time (initial assessment – Week 11), group (treatment, waiting list), and interaction between time and group

- Hypothesis 3 (follow-ups):
  - Repeated-measures analysis of variance on each outcome variable to test for a time effect (Week 11, Month 1, 6 and 12)
Results: Number of DSM-5 Gambling Disorder Criteria

<table>
<thead>
<tr>
<th>Assessment Time Points</th>
<th>Number of DSM-5 Gambling Disorder Criteria</th>
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<tbody>
<tr>
<td>Initial Assessment</td>
<td>(N = 62)</td>
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<tr>
<td>Week 11</td>
<td>(N = 54)</td>
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<tr>
<td>Month 1</td>
<td>(n = 25)</td>
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<tr>
<td>Month 6</td>
<td>(n = 23)</td>
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<tr>
<td>Month 12</td>
<td>(n = 23)</td>
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* Differences are statistically significant.
Results: Monthly Gambling Habits

Money spent (CAD$/month)

Gambling frequency (# times/month)

Time spent gambling (hrs/month)

Initial Assesment

Week 11 Month 1 Month 6 Month 12

* Treatment Waiting list Treatment-Follow-ups
Results: Self-Efficacy

![Graph showing self-efficacy over time for different groups: Treatment, Waiting list, and Treatment-Follow-ups.](image-url)
Appreciation of the program

Of the 27 participants who completed Week 11 assessment:

• Most appreciated elements of the program:
  • Workbook (56%)
  • Motivational interviews (43%)
  • Awareness about their gambling habits (22%)

• Satisfaction regarding results with the program: 41% indicated they were moderately satisfied and 56% indicated they were highly satisfied

• Workbook completion:
  • Week 11: 29%
  • Month 1: 56%
  • Month 6: 68%
  • Month 12: 70%
Discussion and conclusion

• As hypothesised, the SHT appears as an effective intervention to reduce problem gambling severity and gambling habits.

• SHT: a treatment alternative!

• Completion of the workbook during follow-ups: Participants remain involved

• Dropout rate of 13% at Week 11: flexibility of the treatment and study design?

• Limitation:
  • Research team was not blind to condition

• Future studies:
  • Adapt into an online intervention?
  • Impact of SHTs with other types of gamblers?
Thank you!

Questions and comments?

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