

Effectiveness of Brief Interventions for Problem Gambling: a randomized controlled trial

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Introduction

- ❑ Problem gambling a significant public health and social issue
- ❑ Significant investment in publicly funded intervention services (Helpline, face-to-face counselling)
- ❑ No formal evaluation of effectiveness, in general or with specific groups

Problem Gambling Interventions

- Weak evidence base internationally
- Efficacy, effectiveness and outcome studies limited
- Research on pharmacological and psychological therapies
- Psychological therapies – 3 forms ‘possibly efficacious’
- One a brief intervention (motivational interview + self-help workbook)
- None demonstrated efficacy in clinical/ community settings (effectiveness)

The New Zealand Short Interventions RCT

Objective

- Inform policy and practice, leading to better outcomes for problem gamblers and reduction in gambling harms

Main Aims

- Evaluate effectiveness of a well developed and documented brief intervention and variants
- Describe 'standard care' and evaluate relative to defined brief intervention assessed previously in a RCT
- Complete first module of multi-site international RCT

Funded by the Ministry of Health

Study Team

- Partnership – GARC and Gambling Helpline
- PI – Prof Max Abbott
- Named Investigators:
 - Dr Maria Bellringer
 - Prof David Hodgins
 - Prof Philip Schluter
 - Prof Valery Feigin
 - Dr Sean Sullivan (staff training/treatment integrity)

Study

- ❑ Breaks new ground – moves from efficacy testing with volunteers to assessment of effectiveness with help-seeking problem gamblers
- ❑ Evaluates 3 well-defined models relative to 'standard' care (counselling with options)
- ❑ Enables determination of effectiveness for various client groups

Design

- RCT of 3 interventions and 'usual' care embedded in current operations of National Helpline
 - Motivational interview (MI)
 - MI + self-instructional workbook (WB)
 - MI + WB + follow-up 'booster' sessions (BS)
 - 'Standard care' ('counselling and options' and post-Helpline contact) (SC)
- Team of Helpline counsellors trained to deliver all four interventions

Participants

- 489 consenting Helpline callers aged 18 and over seeking help for own gambling (+110 per 'experimental' group; more in SC)
- Exclusion – acute psychotic signs/symptoms; serious risk to self/others

Baseline and Outcome Assessments (1 week, 3, 6, 12 months)

Self-report

- ☐ Days gambled, money lost, treatment goal success
- ☐ Control over gambling, gambling impacts, problem gambling severity (Lie-Bet and PGSI)
- ☐ Psychiatric co-morbidity
- ☐ Tobacco/drug use
- ☐ Psychological distress

Collateral assessments

- ☐ Gambling past month; changes observed; confidence in accuracy

Major challenges

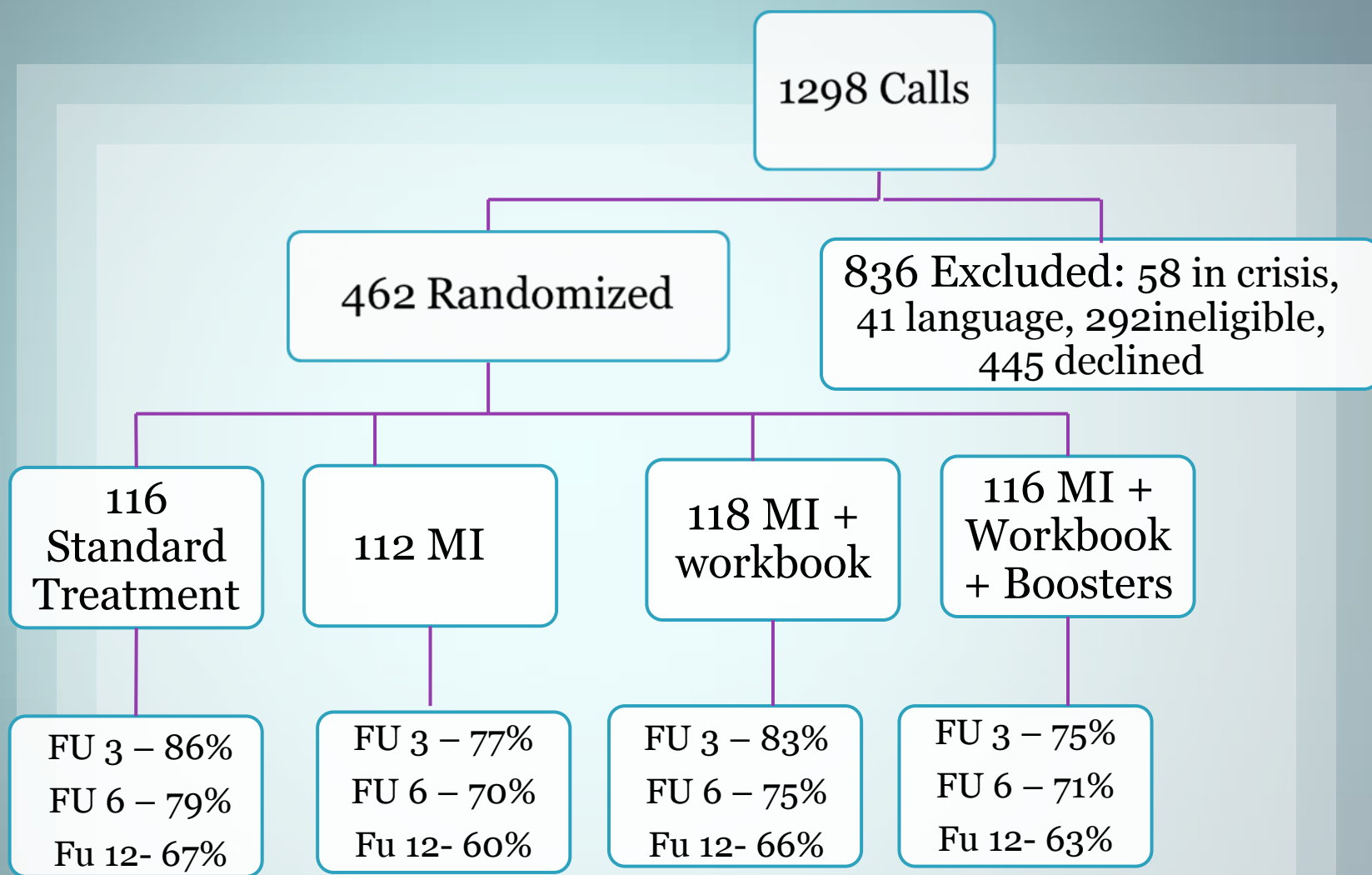
- ☐ Recruitment
- ☐ Intervention delivery and integrity
- ☐ Follow-up assessment
- ☐ Staff changes
- ☐ Christchurch earthquake
- ☐ Helpline liquidation

Pilot Study mid-August to mid-October 2009

- 62 invited, 42 accepted (68%, 3-7 per week)
- Good spread across groups by problem gambling severity, gender, age
- No significant difference between groups re. intervention duration (M 37-47 minutes)
- Treatment integrity pre and during trial satisfactory (blind ratings of audiotapes)

Study

- ❑ Study proper commenced November 2009
- ❑ Most Helpline staff trained, additional line added and recruitment 7 days per week
- ❑ Recruitment for RCT concluded March 2011





Motivational Interview = Motivational Nudge

30-35 minutes

1. Elicit client concerns
 - normative feedback (PGSI)
2. Explore ambivalence
3. Promote self-efficacy
4. Suggest strategies in workbook

Adherence Assessment

MI

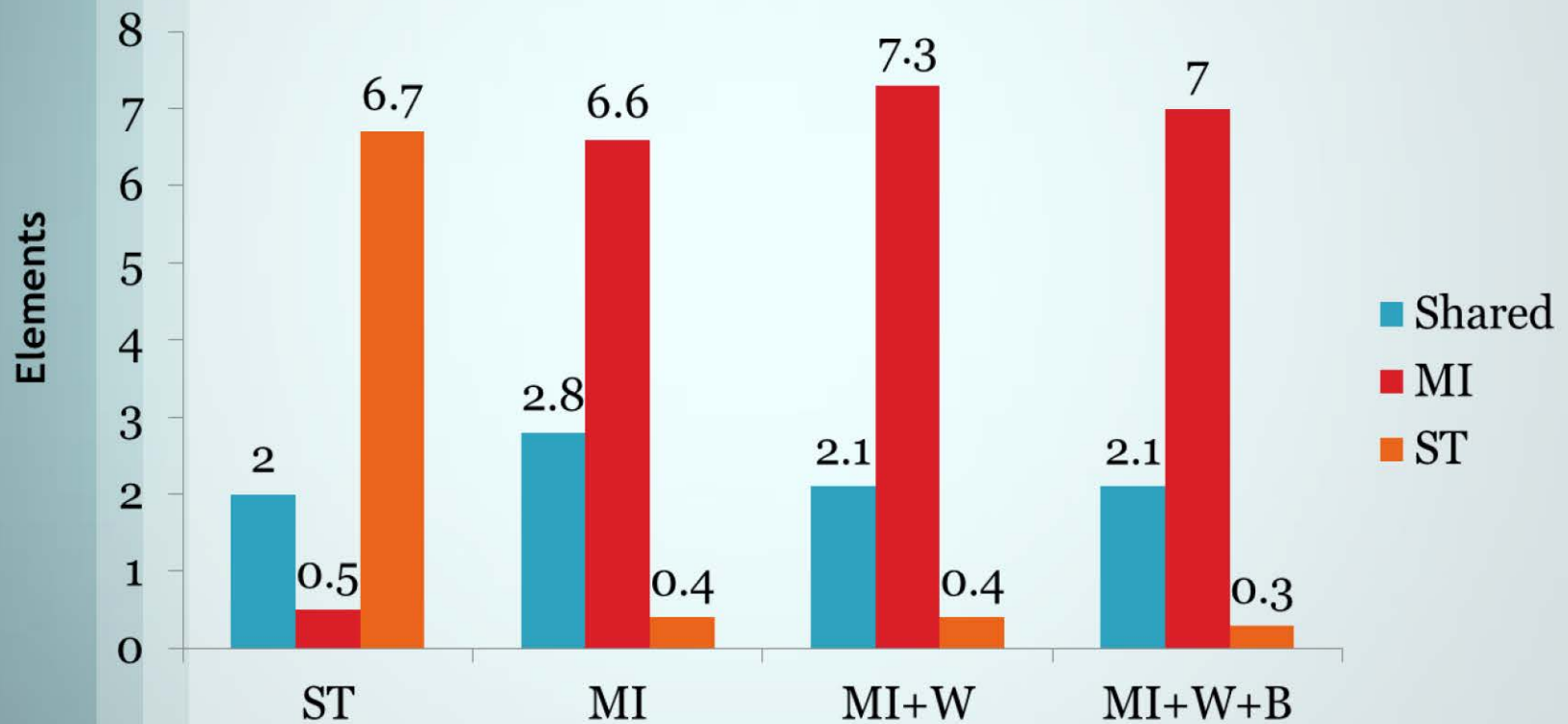
- Reflective listening
- Potential benefits of not gambling
- Affirmation
- Offer feedback PGSI score
- Summarize concerns, motivation
- Ask for commitment
- Connect with workbook
- Ask about other change attempts
- **Reasons for contacting helpline**
- **Financial concerns**

Standard Treatment

- Soft/hard referral
- Information regarding other helplines, websites
- Offer info pack
- Discuss strategies for controlling access to money
- Discusses urge strategies
- Discuss keeping busy
- Advise to set saving goal
- Other advice
- **Reasons for contacting helpline**
- **Financial concerns**

- Shared elements
 - Reasons for contacting helpline
 - Financial concerns
- Inter rater reliability – ICC = .97

Therapists can deliver MI...



Who called?

- ❑ Men 53%
- ❑ Age Median 38 age 18 to 79 years
- ❑ Education
 - No qualifications = 22%
 - Secondary School = 34%
 - Professional/Tertiary = 22%
- ❑ Employment
 - Full-time = 46%
 - Unemployed = 14%
- ❑ Primary gambling type: 92% Pub or club gaming machines

- ❑ Length of problem 6.8 years
- ❑ Last gamble 3.5 days
- ❑ Goal: Quit 80%
- ❑ Predicted success in six months: 8.2/10
- ❑ Predicted success 12 months: 8.9/10
- ❑ Distressed (Kessler 10): 84%
- ❑ Alcohol problem in last year: 63%

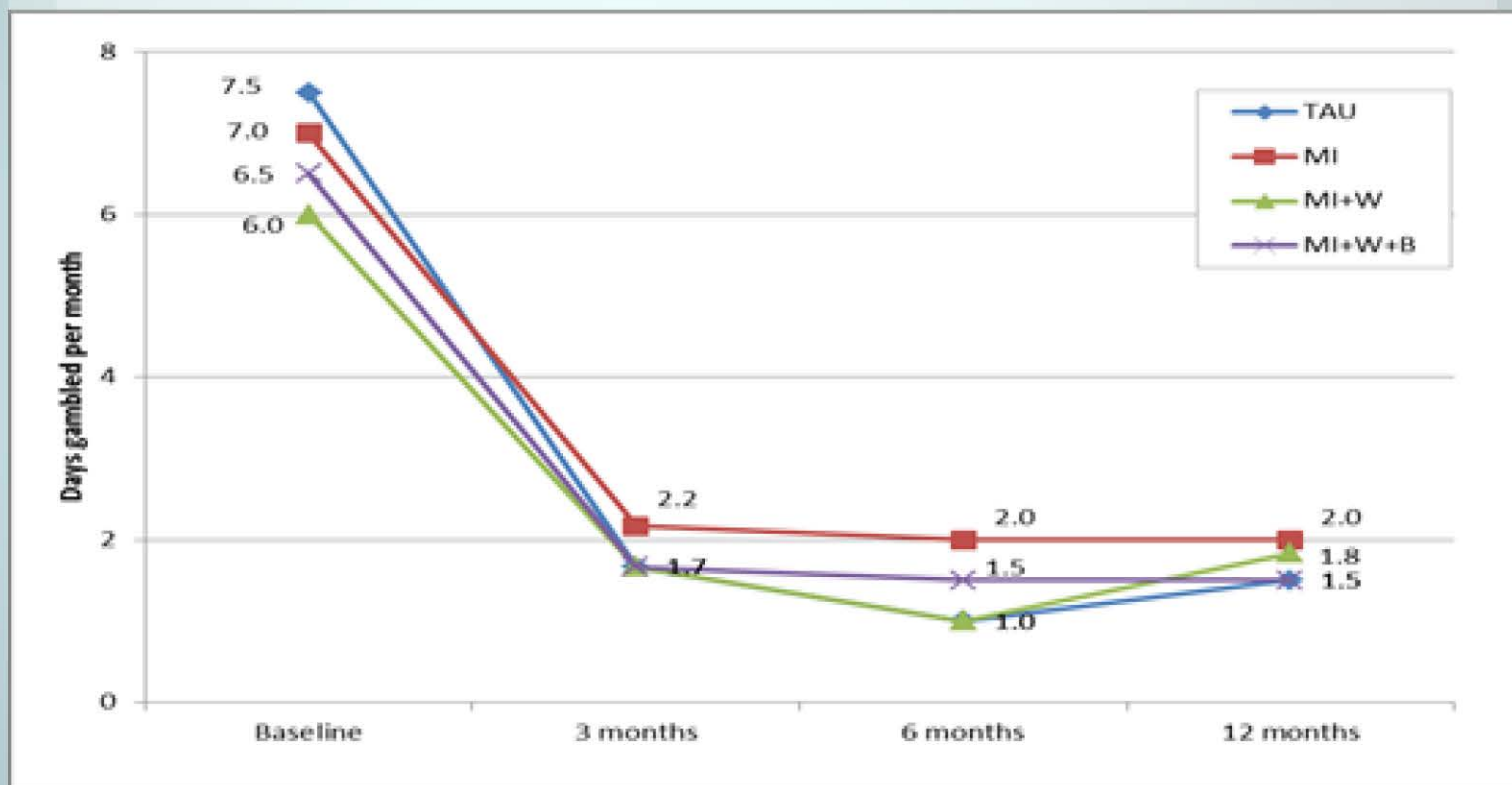
Primary hypotheses

- That all groups would show a significant reduction in problem gambling
- That the MI groups would show similar improvements to the TAU group
- That the MI+W group and the MI+W+B group would show greater improvements than the MI and TAU groups
- That the M+W+B group would show greater improvements than the other groups at the 12-month follow-up

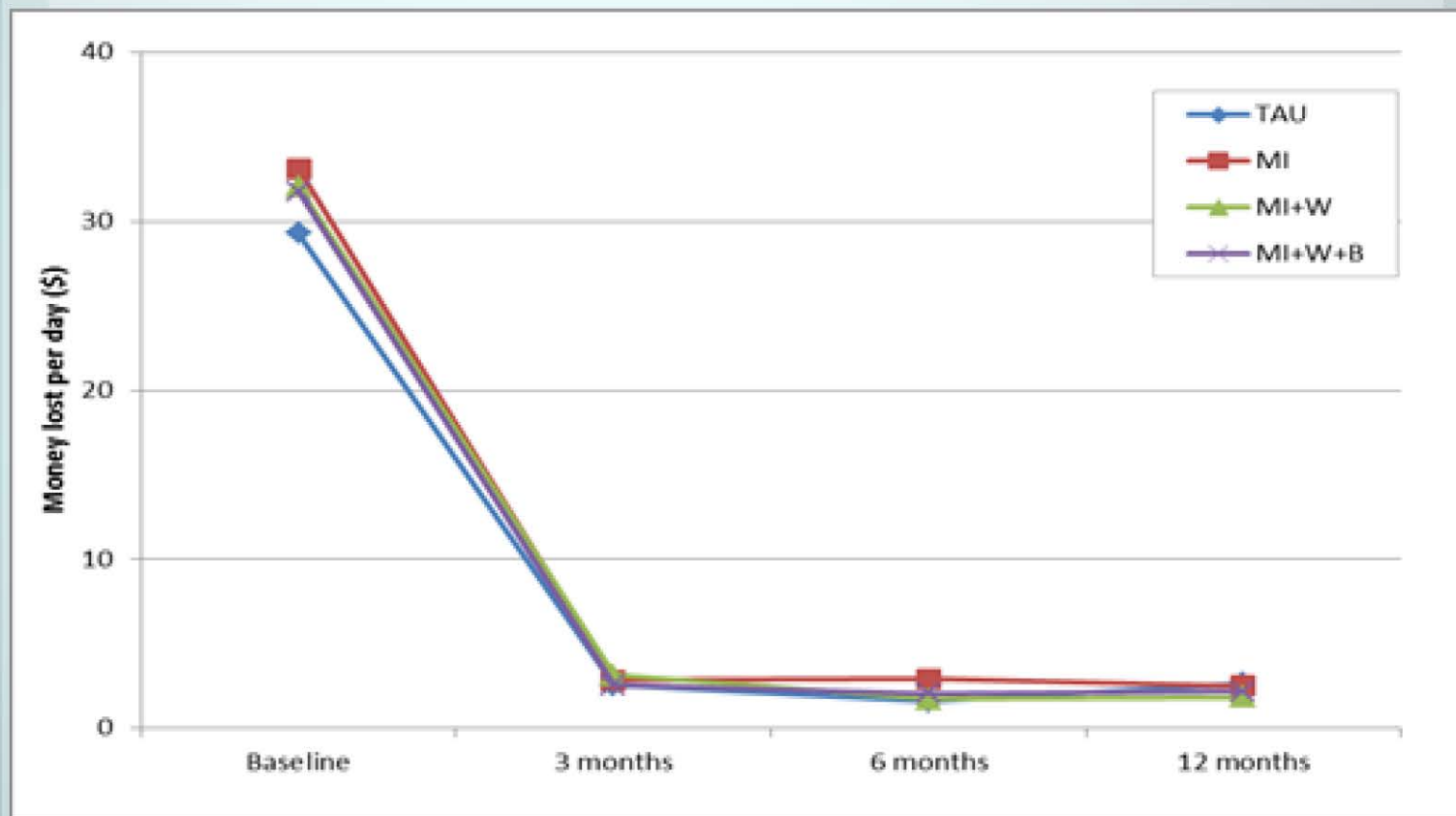
Results

- Achieved power 70%
- No consistent moderators, predictors, covariates in terms of:
 - Sex
 - Ethnicity
 - Type of Gambling

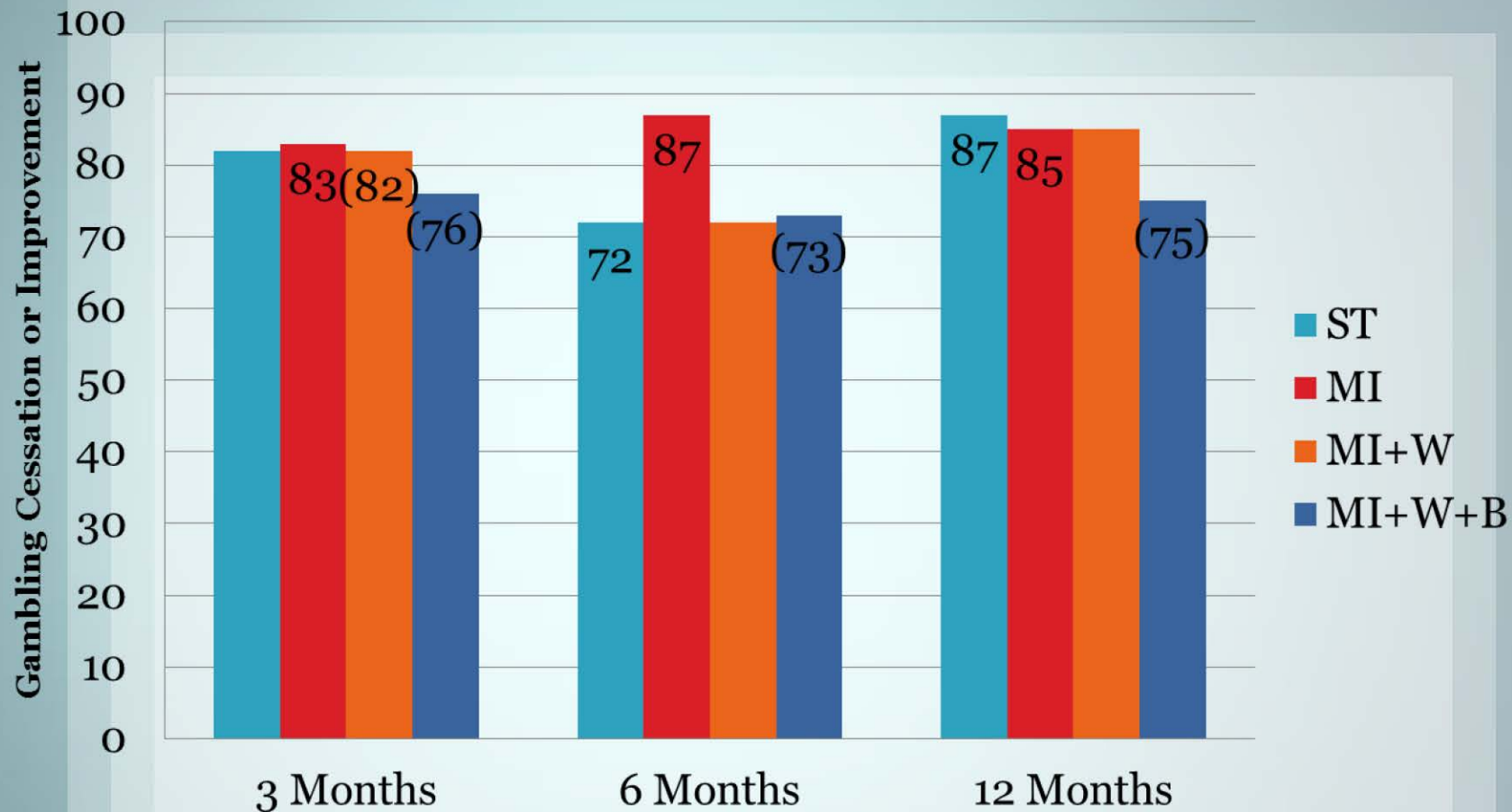
Median Days Gambled per month



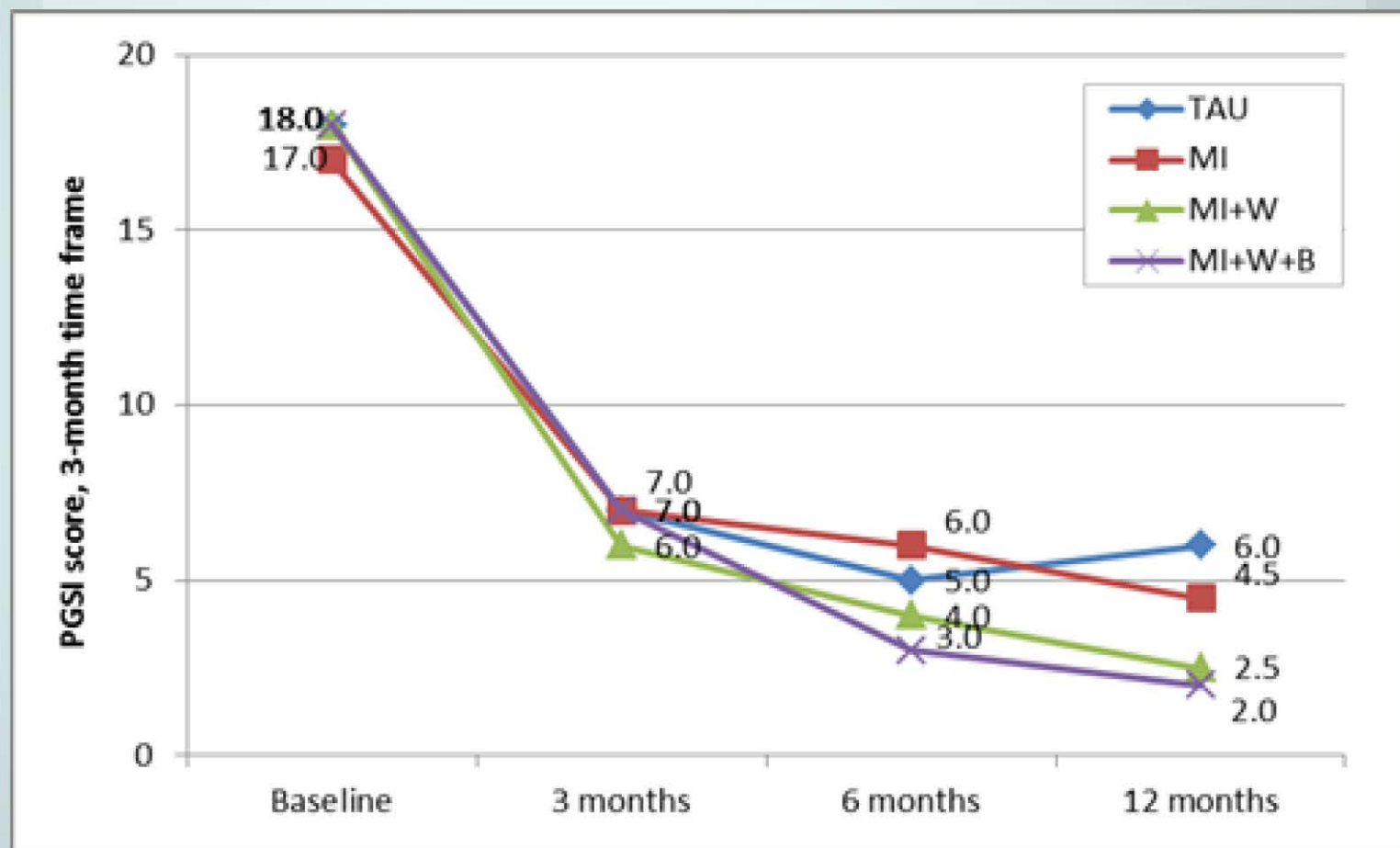
Median Money Lost per day



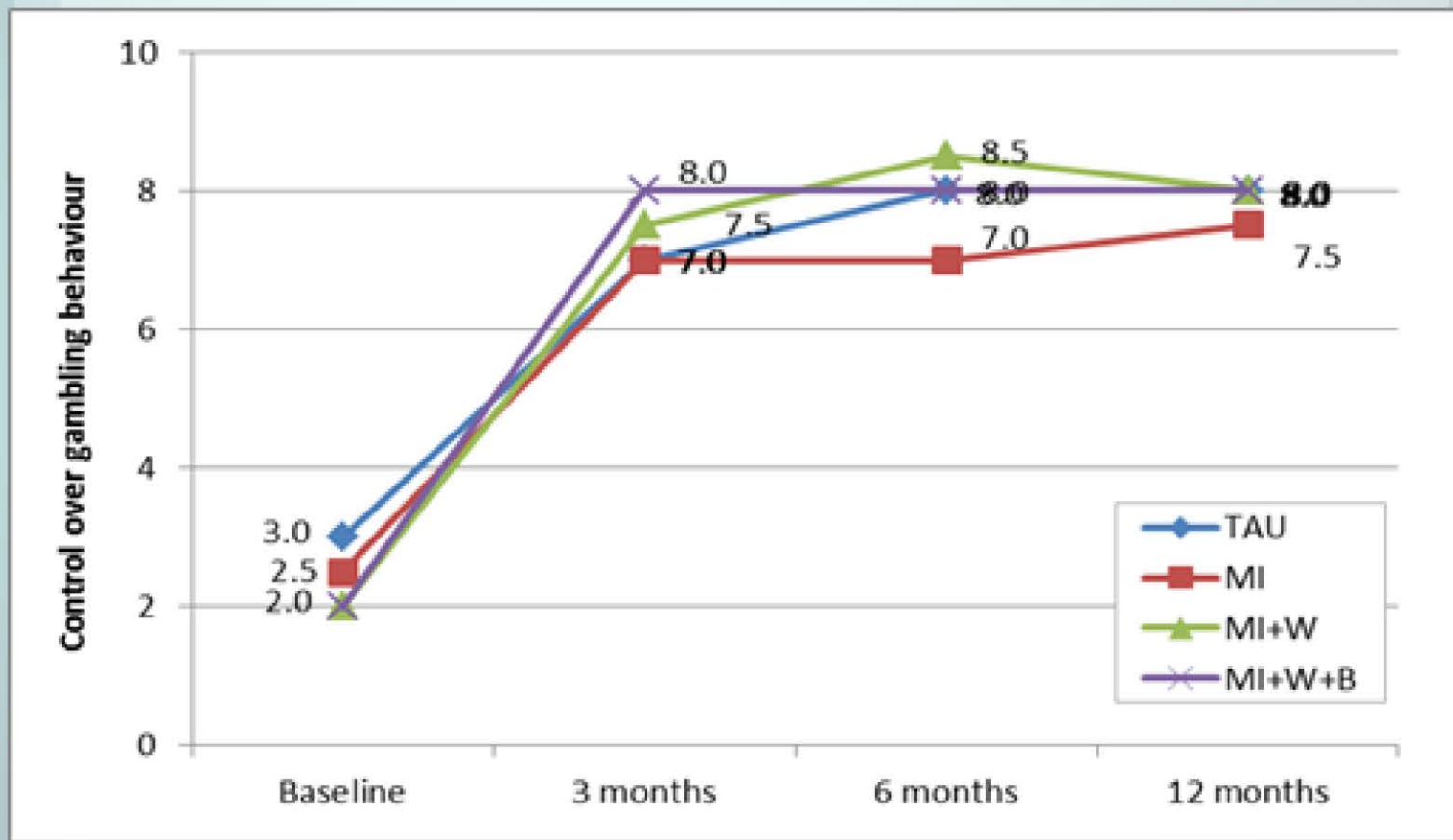
Percent quit or improved



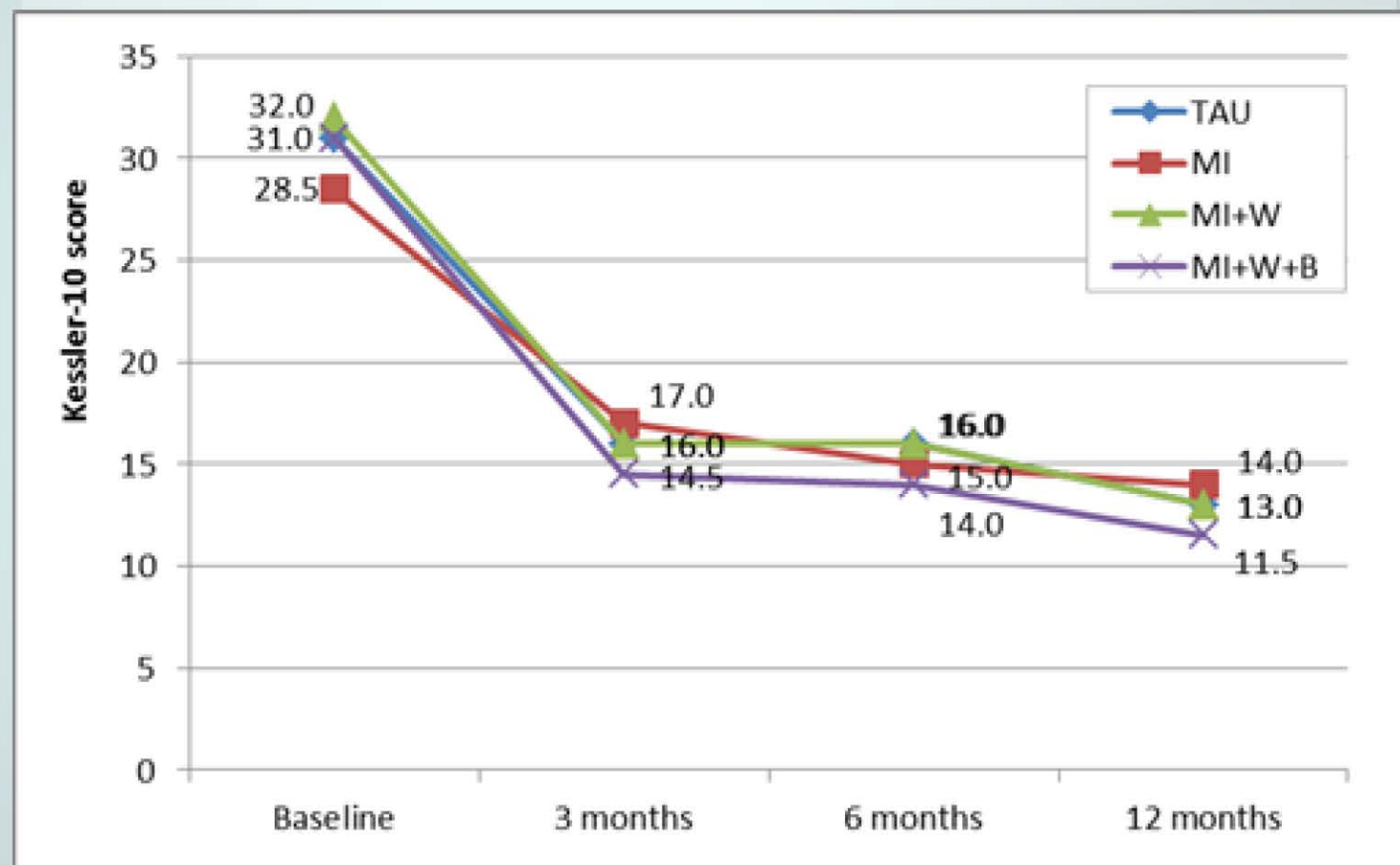
Median PGSI score, past 3-month time frame



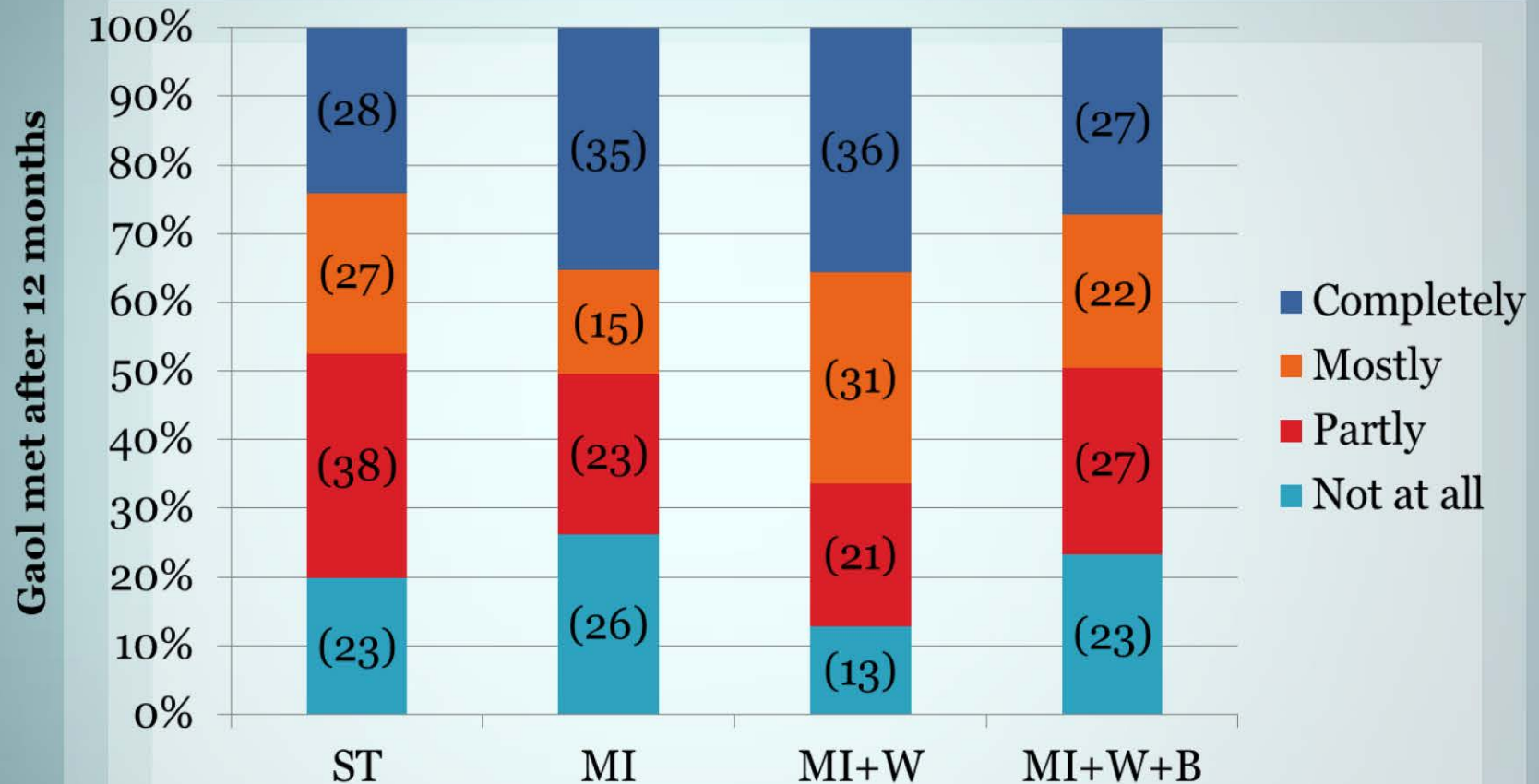
Control over gambling behaviour



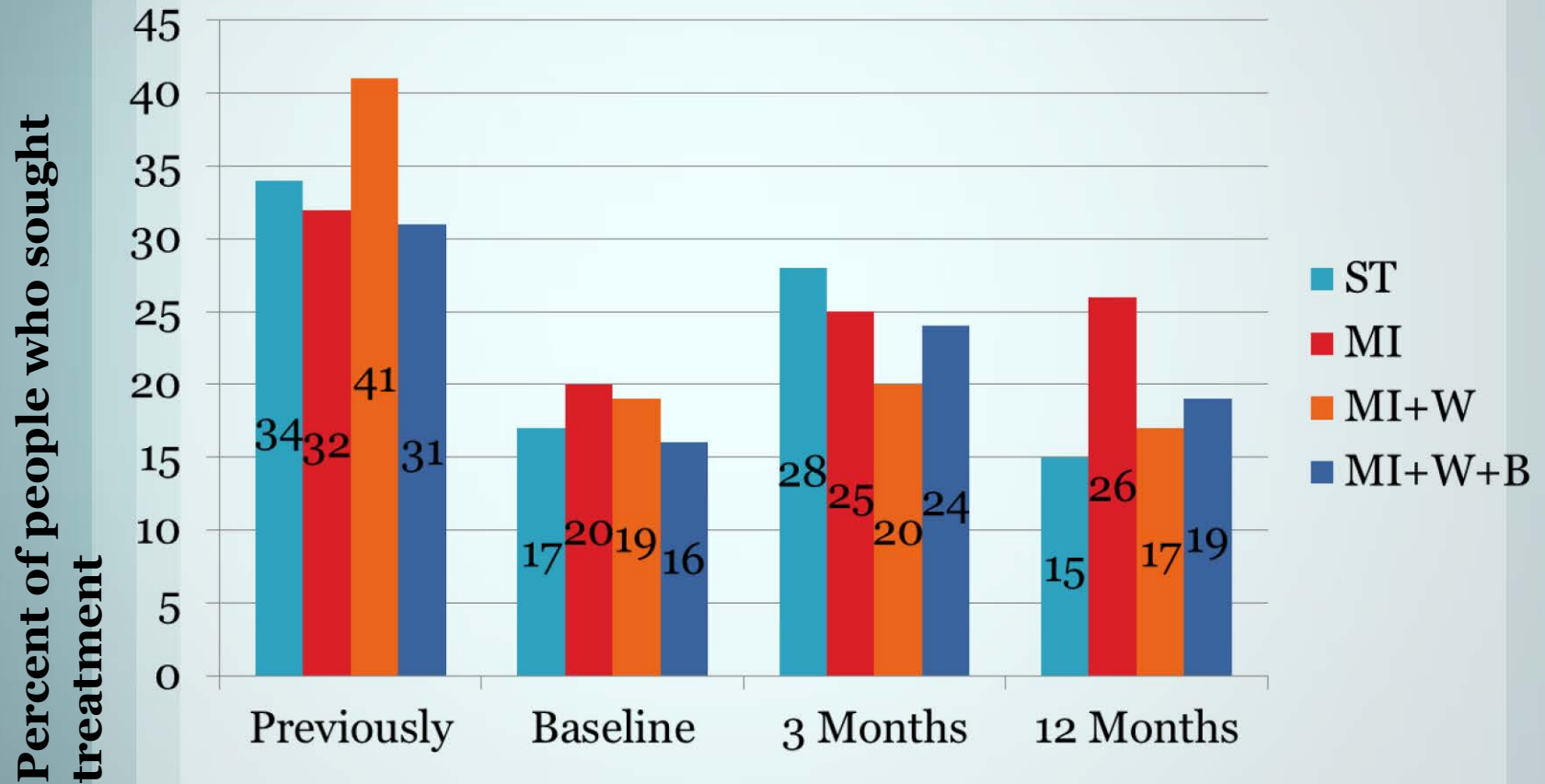
Median Kessler-10 score



Self-rated Goals Meet?



Sought Treatment?



Main findings

- Participants in all groups – sustained statistically and clinically significant improvements on primary outcome measures
- Substantial improvements in problem gambling severity, self-rated control over gambling, impacts on work, social, family and home life, health, psychological distress, depression and quality of life
- Little or no change re. alcohol misuse and smoking
- Hypotheses 1 and 2 corroborated
- No additional improvements with addition of workbook or booster sessions

- But some subgroup differences – generally MI+W+B participants did better than MI participants (on some measures), e.g. those with
 - low belief in achieving treatment goal
 - controlled gambling goal (also vs TAU)
 - more severe gambling problems (also v TAU)
 - higher psychological distress
 - alcohol misuse

Limitations

- Design didn't allow assessment of therapy components
- understanding of why similar outcomes achieved across interventions
- understanding of why some subgroups appear to do better with interventions of different intensity/duration

Future

- ☐ 36 month follow up (underway)
- ☐ Extension to other jurisdictions
- ☐ Internet/mobile delivery

Parting thoughts ...

- Efficacy of brief treatments is supported
 - **Do they hasten a natural process?**
- Challenge is to position them to both increase/hasten self-recovery and to increase treatment-seeking

Increasing success

Actions

- ☐ Observation
- ☐ Attempts to control
- ☐ Attempts to cut back
- ☐ Seek self-help information
- ☐ Seek treatment
- ☐ Public awareness
 - Early signs
 - Basic change strategies
 - Nipping it in the bud
- ☐ Online Support
 - Information and motivation
- ☐ Brief Treatment
 - Motivation, basic change strategies, treatment linking
- ☐ Treatment