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

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Catherine Boudreault, B.A., Université Laval
Isabelle Giroux Ph.D., Université Laval
Annie Goulet, Ph.D., Université Laval
Christian Jacques, M.Ps, Université Laval
Hélène Simoneau, Ph. D., CRDM-IU
and Robert Ladouceur, Ph. D., Université Laval

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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*" (CQEPTJ, 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:

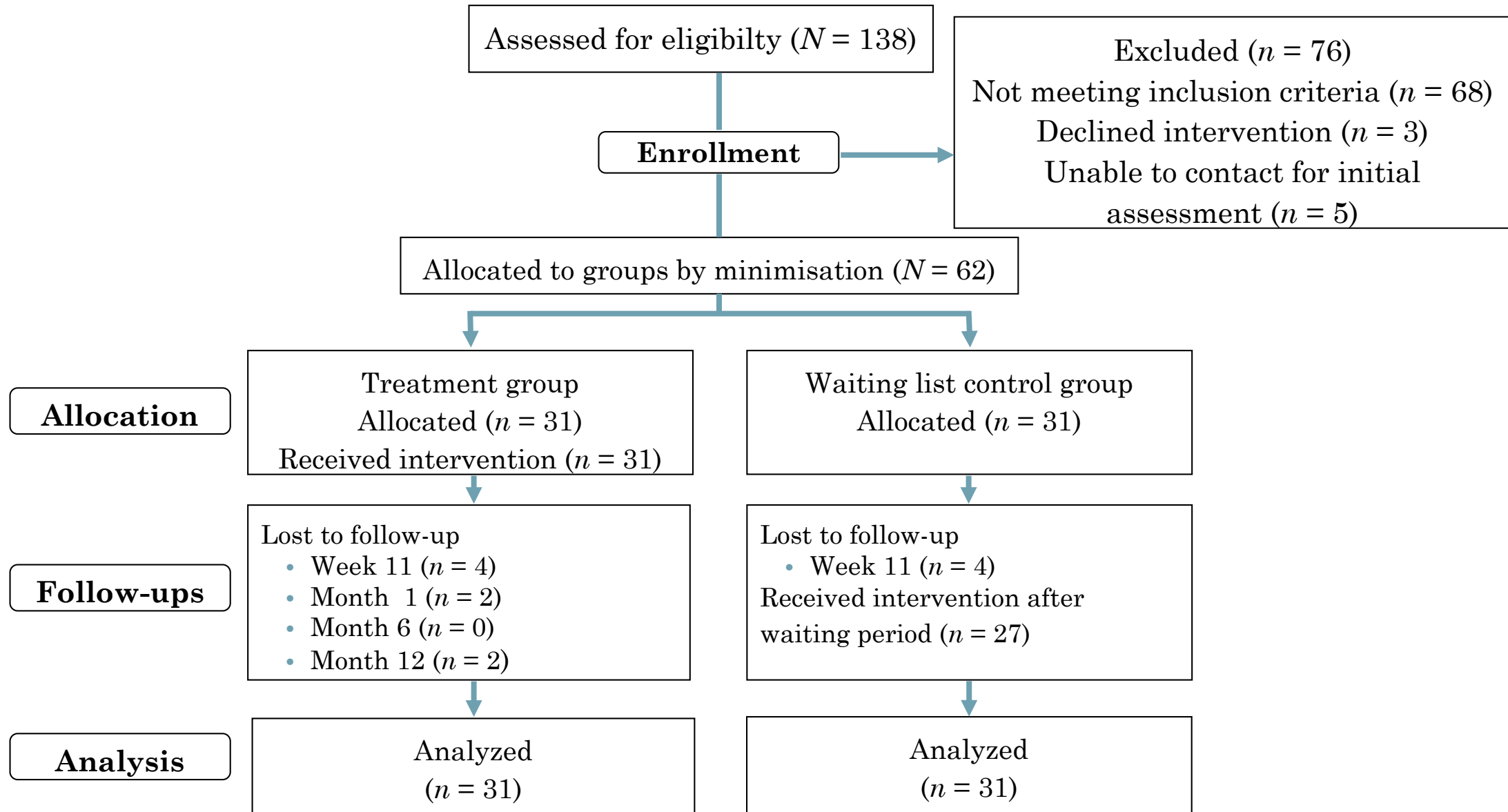
- Number of DSM-5 gambling disorder criteria
- Gambling frequency
- Time spent gambling
- Money spent gambling

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



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 questionnaire» 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

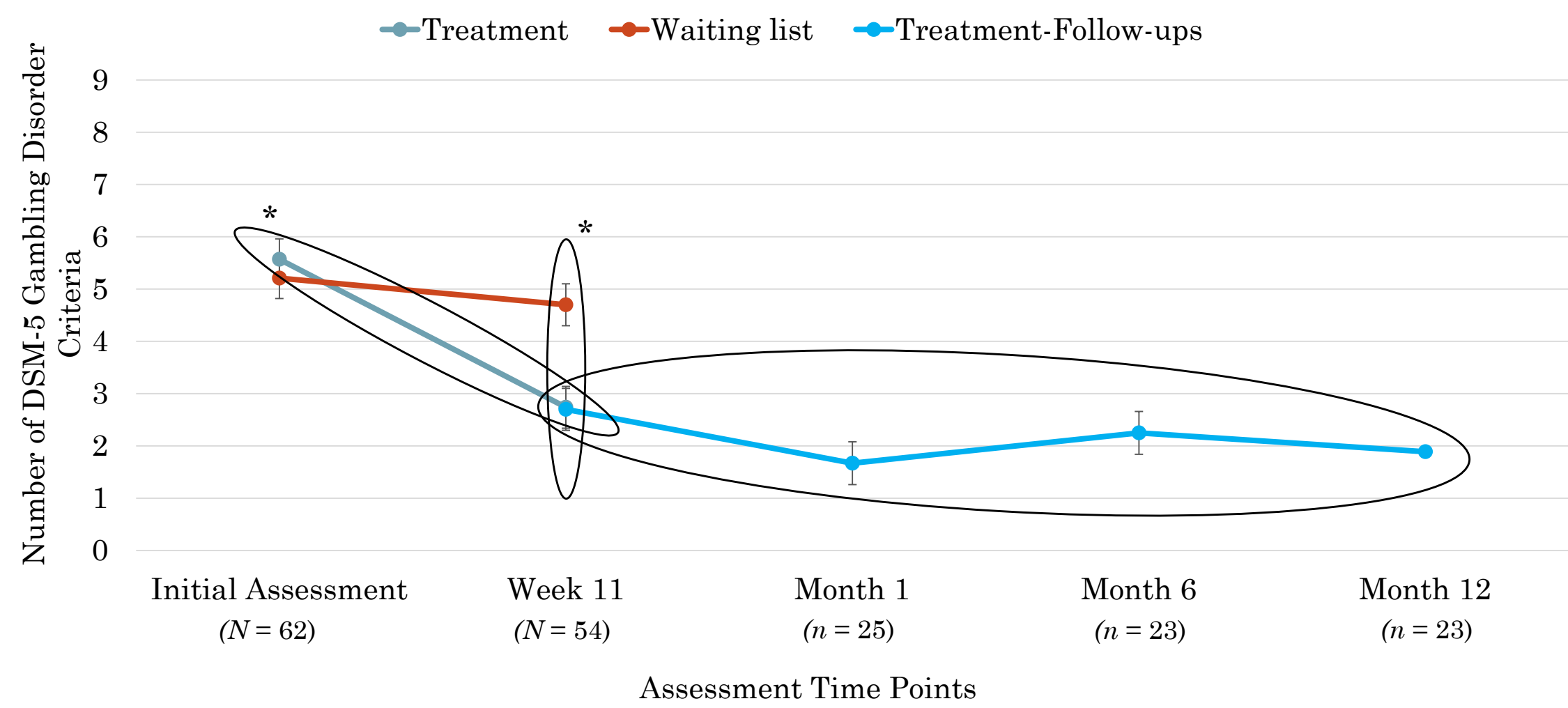
| | Scree-ning | Initial Assess-ment | MI 1 | Treatment with workbook | | | | | | | | | | | Week 11 evaluation | Month 1 | Month 6 | Month 12 |
|----------------------------|------------|---------------------|------|-------------------------|---|------|---|---|---|---|-----|---|----|----|--------------------|---------|---------|----------|
| | | | | Weeks | | | | | | | | | | | | | | |
| | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | | | |
| Treat-ment group | X | X | X | | | MI 2 | | | | | MI3 | | | | X | X | X | X |
| Waiting list control group | X | X | TC | | | TC | | | | | TC | | | | X | | | |

Statistical analyses

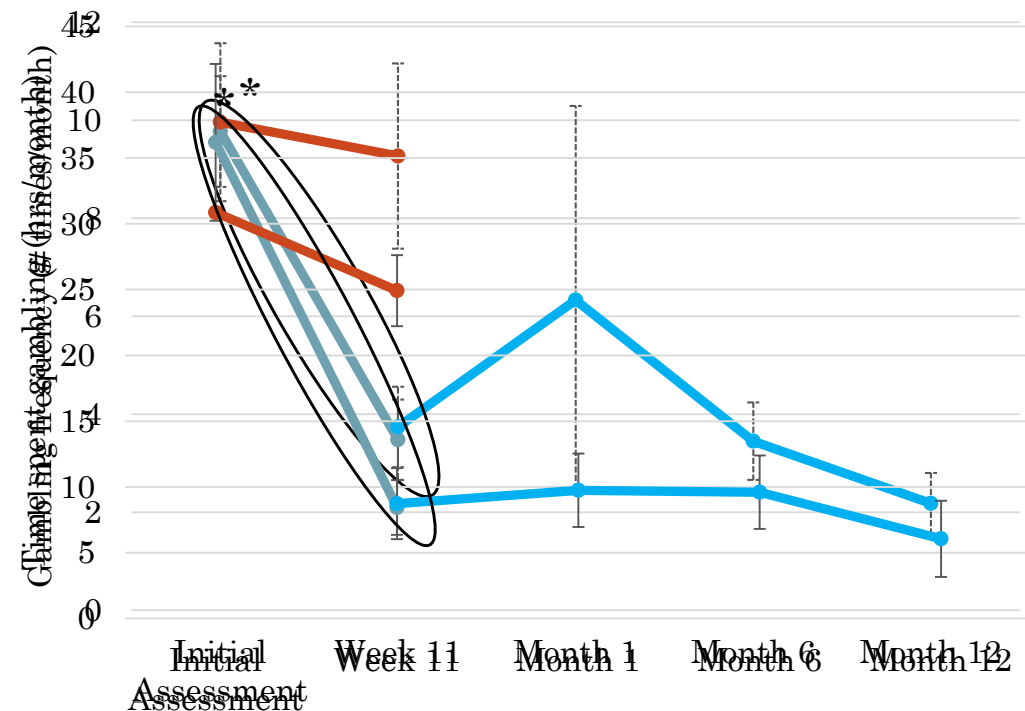
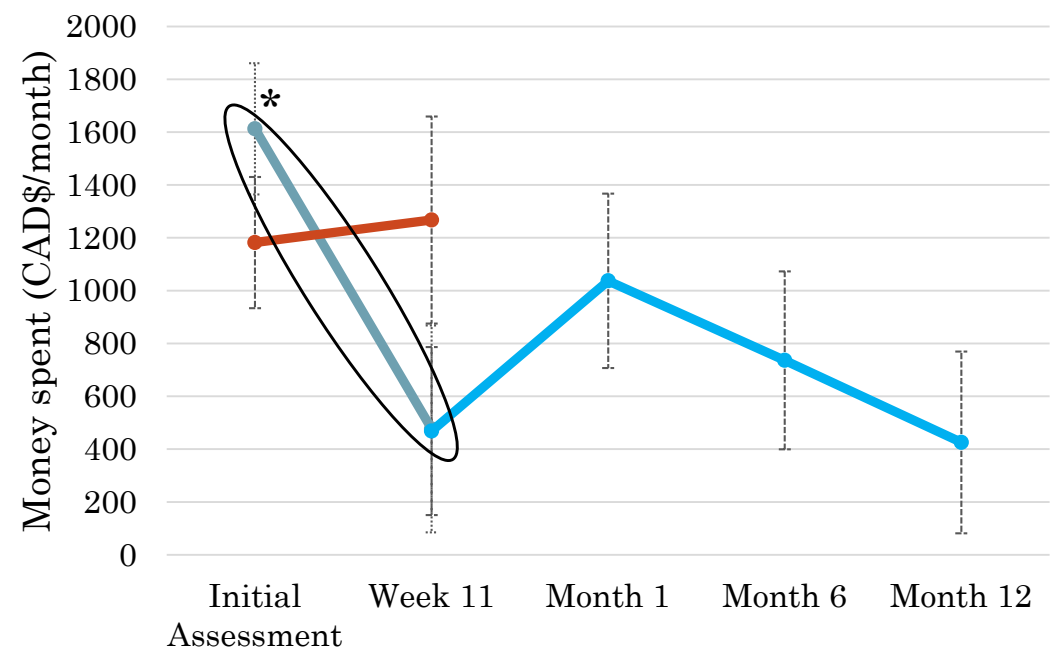
Main analysis approach: linear mixed model

- 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, waitling 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

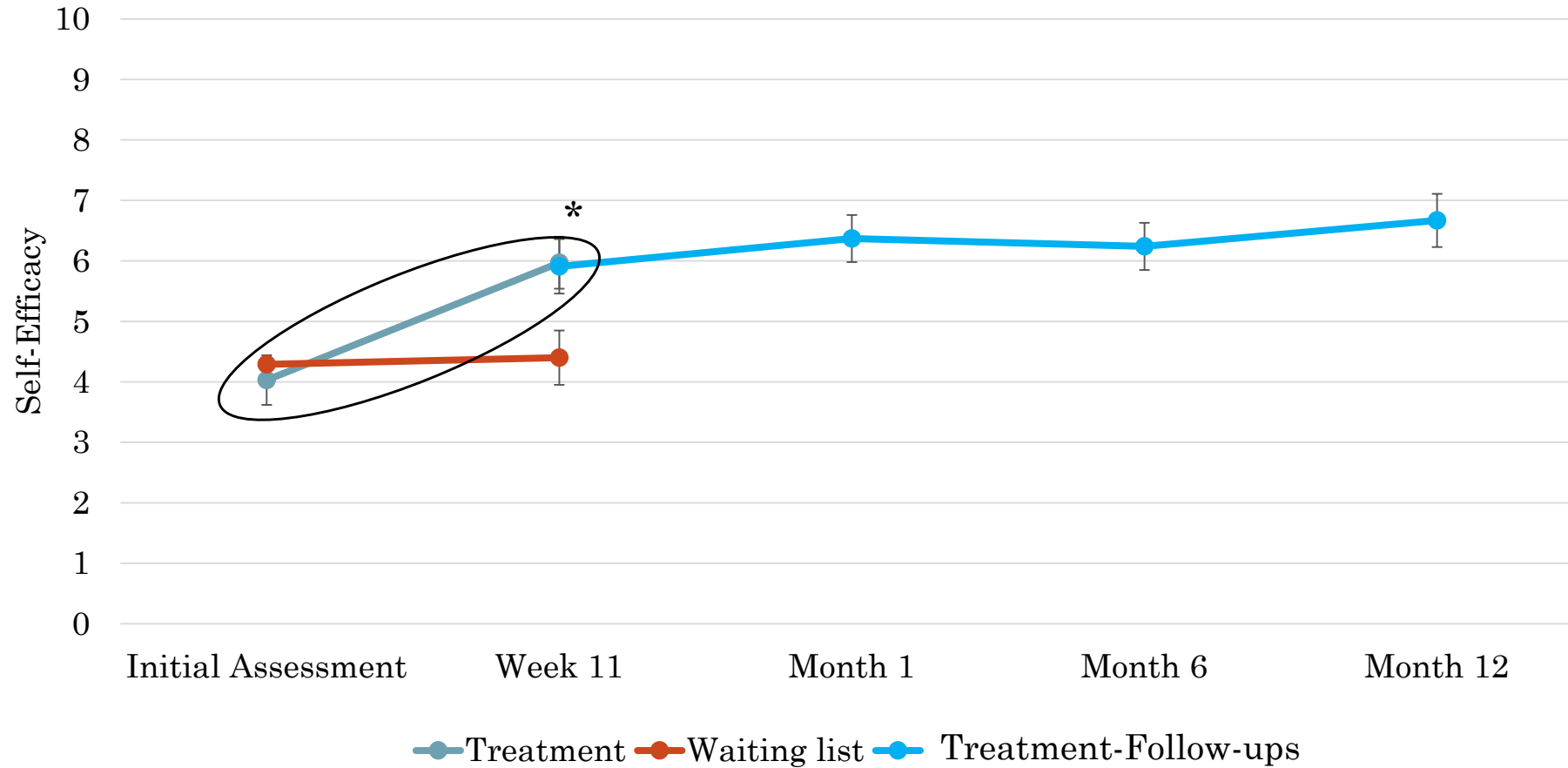


Results: Monthly Gambling Habits



— Treatment — Waiting list — Treatment-Follow-ups

Results: Self-Efficacy



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?

First author e-mail address: catherine.boudreault.1@ulaval.ca