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" (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

Assessed for eligibility ($N = 138$)

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

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

Allocated ($n = 31$)
- Treatment group
  - 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 ($n = 27$)

Received intervention ($n = 31$)

Analyzed ($n = 31$)
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>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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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

![Graph showing the number of DSM-5 Gambling Disorder Criteria over time.](image-url)

- **Treatment (N = 62)**
- **Waiting list (N = 54)**
- **Treatment-Follow-ups (n = 25)**
- **Month 1 (n = 23)**
- **Month 6 (n = 23)**
- **Month 12 (n = 23)**
Results: Monthly Gambling Habits

- **Money spent (CAD$/month):**
  - Initial Assessment
  - Week 11
  - Month 1
  - Month 6
  - Month 12

- **Gambling frequency (# times/month):**
  - Initial Assessment
  - Week 11
  - Month 1
  - Month 6
  - Month 12

- **Time spent gambling (hrs/month):**
  - Initial Assessment
  - Week 11
  - Month 1
  - Month 6
  - Month 12

Legend:
- Blue: Treatment
- Red: Waiting list
- Grey: Treatment-Follow-ups
Results: Self-Efficacy

![Graph showing self-efficacy over time with different treatment groups.]
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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