RESEARCH SNAPSHOT

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greo. EVIDENCE INSIGHTS

Examining if the HOPE-Gam intervention is feasible and acceptable for concerned significant others

What this research is about

Gambling can lead to serious harms for people who gamble, their families, and society at large. Yet, many people experiencing problem gambling are reluctant to seek help or are in denial about their problem gambling. Concerned significant others (CSOs) are people who are negatively affected by someone else's gambling. The Helping Others Promote Engagement in Gambling Support (HOPE-Gam) intervention was created to help CSOs motivate their loved ones experiencing problem gambling to seek treatment. The purpose of this pilot study was to assess if the HOPE-GAM intervention is feasible and acceptable for CSOs.

What the researchers did

The researchers compared HOPE-GAM with standard care for CSOs in a randomized controlled trial, at an outpatient gambling clinic within the Southern Adelaide Local Health Network in South Australia. The two interventions involved:

1. HOPE-Gam provides psychoeducation about problem gambling (PG) and includes steps designed to help CSOs motivate their loved ones to make change and seek treatment. CSOs learn to reinforce non-gambling behaviours by offering rewards (e.g., a favourite meal) and withdraw those rewards when gambling happens.
2. Standard care provides psychoeducation about PG and teaches CSOs how to protect themselves financially and manage stress.

Participants were recruited through advertisement of the study on social media (Facebook) and the health service webpage. Due to slow recruitment, a recruitment agency was engaged to help with this. Participants had to be at least 18 years old and live (or be in regular contact) with a family member or friend whom they believed was experiencing problem gambling but was not seeking help. The person experiencing problem gambling did not need to have a formal diagnosis. Potential participants were excluded if there was a risk of violence, if they also experienced problem gambling, if they had significant mental distress, or if they were not proficient in English.

Participants first completed an initial screening interview over the telephone. After they consented to participate, they were randomly assigned to

What you need to know

The Helping Others Promote Engagement in Gambling Support (HOPE-Gam) intervention was created to help concerned significant others (CSOs) motivate their loved ones experiencing problem gambling to enter treatment. HOPE-Gam was compared against standard care for families affected by problem gambling. A total of 30 CSOs were randomly assigned to HOPE-Gam or standard care. The researchers found that it was feasible to recruit CSOs into the trial through online outreach. At follow-up, more participants in the HOPE-Gam group reported that the person experiencing problem gambling had entered treatment. There was also some evidence that participants in the HOPE-Gam group showed greater improvements in wellbeing and family functioning.

HOPE-Gam or standard care. Both interventions involved up to six in-person or telehealth sessions with a therapist. Assessments occurred at baseline (before randomization), at the end of treatment, and one month after. Data were collected through a phone interview and online questionnaires.

Feasibility was assessed based on the proportion of people recruited into the study; the proportion of those who dropped out of the study; and completeness of outcome data at the 1-month follow-up. The outcomes assessed included:

- Help-seeking and gambling behaviour of the person experiencing problem gambling, including frequency, time, and money gambled each week. Participants also rated the extent of the problem gambling from 0 to 10. These data were collected through a phone interview.
- Participants' wellbeing and family functioning, measured using the Patient Health Questionnaire, Kessler Psychological Distress Scale, Work and Social Adjustment Scale, and Brief Family Relationship Scale.

What the researchers found

A total of 136 people completed the initial screening between October 2023 and April 2025. But only 30 people met the eligibility criteria and were enrolled. Most participants were women (80%) and white Australian/European (83%). Four participants did not attend any treatment session. The average number of sessions attended was 2.82. Participant retention was moderate, with 10 participants (33%) lost to follow-up (3 immediately after enrolment, 6 at the end of treatment, and 1 at follow-up). Nineteen participants completed the outcome measures at 1-month follow-up, resulting in a 63% outcome data completeness rate. No adverse events were reported.

Nine participants in the HOPE-Gam group reported that the person experiencing problem gambling had entered treatment compared to one participant in the standard care group (60% vs 7%). There was also some evidence that participants in the HOPE-Gam group showed greater improvements in wellbeing and family functioning at follow-up. However, the researchers noted that these findings should be interpreted cautiously, given the wide variability and small number of participants.

Overall, the researchers found that it is feasible to recruit CSOs into a clinical trial with HOPE-Gam and that they will engage with the therapy and research.

How you can use this research

This research could be useful for therapists and gambling treatment clinics. In addition, policy makers and health services could consider funding and expanding similar support programs for CSOs.

About the researchers

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Citation

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About Greo Evidence Insights

Greo Evidence Insights is an independent, non-profit organization specializing in research, knowledge mobilization, and evaluation in the health and well-being sectors. Greo transforms research and insights into actionable strategies to prevent and reduce harm related to gambling, gaming, technology use, and substance use. To learn more about funding for Research Snapshots visit our website.