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Brief telephone interventions can help reduce problem gambling

What this research is about

The expansion of gambling activities has led to increases in gambling-related problems. In response, many interventions have been created to help reduce problem gambling. Gambling helplines are one such example. Gambling helplines provide advice, support, and referral. In some instances, they also provide counselling and brief interventions. Helplines are the most used service available for problem gambling. Yet, the role of helplines as a treatment option for problem gambling is often overlooked.

This study tested if a national gambling helpline can also be used to provide treatment. Specifically, the study examined whether brief telephone interventions help people reduce the number of days gambling, money lost per day, and problem gambling severity in a 12 month follow-up. The researchers also looked at if certain groups of gamblers report greater improvements than others.

What the researchers did

The researchers recruited callers of New Zealand's National Gambling Helpline. To participate, callers had to be 18 or older and felt they had a gambling problem. They had to be willing to read a short workbook. Callers also had to agree to have the calls being recorded. They also had to provide the names of people who were close to them that could provide information about their gambling.

A total of 1298 people called the helpline between August of 2009 and February of 2011. Of these, 462 callers were eligible to participate in the study. Callers were then randomly assigned to one of four treatment conditions. The first involved standard practices for the helpline (116 callers). Standard

What you need to know

Gambling helplines are the most used services available for problem gambling. They provide advice, support, and referral for people who are experiencing problem gambling. This study examined if brief interventions delivered via a national gambling helpline can help people reduce problem gambling. 492 callers to the helpline were randomly assigned to one of four conditions. The first condition was the standard treatment offered by the helpline. The second condition was a brief motivational interview (MI) intervention. The third included MI and a self-help workbook. The fourth condition included MI, workbook and four brief follow-up calls. All callers reported spending less money and days gambled up to 12 months following the initial call. Callers also reported reductions in problem gambling severity. Overall, there were no differences in how much callers improved across the conditions. Some gambler groups, such as those with greater gambling problems and distress, might have better outcomes with more intensive treatment.

practices included screening for problem gambling. It also provided information and referral to face-to-face counselling services for gambling. Suggestions for self-care as well as educational information were also mailed to callers. The second was a brief motivational interview (MI) intervention (112 callers). The third treatment consisted of MI and a mailed copy of a self-guided cognitive-behavioural workbook (118 callers). The fourth condition included MI, workbook, plus four additional brief calls (116 callers). These calls were scheduled at 1 week and 1, 3, and 6 months

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from the original call. These calls reviewed progress, increased motivation, and set short term goals. The researchers randomly recorded and reviewed 20% of the calls to ensure the treatments were delivered accurately.

Participants were then followed-up at 3, 6, and 12 months. This was done to determine whether callers reduced their problem gambling behaviours. Collateral information was also obtained at 3 and 12 months from people who knew the callers' gambling behaviours.

What the researchers found

Regardless of condition, all participants reported gambling less frequently and spending less money on gambling from baseline to 3 months later. These changes were then maintained at 6 and 12 months. The same was true for treatment goal success. Participants also reported improvements in problem gambling severity, which was measured using the Problem Gambling Severity Index. Almost all participants (95-97% across the conditions) had problem gambling at baseline. The numbers dropped to 55-67% at 12 months.

Callers who were assigned to MI condition alone reported greater reductions in money spent gambling than callers in the standard treatment. The standard treatment resulted in slightly better outcomes for days gambled and treatment goal success than MI. Receiving more intensive treatment (MI, workbook plus follow-up calls) did not necessarily result in better treatment outcomes. Callers with more severe gambling problems, lower self-efficacy (i.e., less confident in their ability to control or quit gambling), and higher psychological distress did better with more intensive treatment.

How you can use this research

Jurisdictions that provide problem gambling services can use this research to design and implement telephone helplines. Existing telephone helplines can use this research to better inform their services. Researchers can extend these findings by identifying how telephone helplines lead to improved outcomes.

About the researchers

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Citation

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About Gambling Research Exchange (GREO)

Gambling Research Exchange (GREO) has partnered with the Knowledge Mobilization Unit at York University to produce Research Snapshots. GREO is an independent knowledge translation and exchange organization that aims to eliminate harm from gambling. Our goal is to support evidence-informed decision making in safer gambling policies, standards, and practices. The work we do is intended for researchers, policy makers, gambling regulators and operators, and treatment and prevention service providers.

Learn more about GREO by visiting greo.ca or emailing info@greo.ca.