



## Evaluation of a self-guided internet-based intervention for gambling problems

### What this research is about

It is estimated that around 90% of people with gambling problems do not seek treatment. Internet-based interventions can address some of the barriers that prevent people from seeking face-to-face treatments. These barriers may include being ashamed of one's gambling problems and concerns about privacy issues. Further, internet-based interventions are less costly. They can also reach more people who live in rural areas.

The researchers developed a self-guided internet-based intervention called Restart. The intervention is self-guided as there is no support from a therapist. It has 11 modules to help people address their gambling problems, such as how to deal with gambling urges and prevent relapses. The modules also help people deal with emotional issues, such as low self-esteem and depression. The intervention lasts for eight weeks. The researchers did a clinical trial to evaluate the intervention's effectiveness. They also explored what people with gambling problems think about the intervention, including its quality and acceptability.

### What the researchers did

The researchers recruited 150 participants from Austria, Germany, and the German-speaking area of Switzerland in 2018. Participants were randomly assigned to the intervention group (IG) or the control group (CG). The IG got immediate access to Restart, while the CG was put on a waitlist for eight weeks. Both groups could receive treatment as usual (e.g., psychotherapy, medication). In total, 79 participants were assigned to the IG and 77 participants to the CG. The age range was 18–75. The average age was 35 years old. Most participants were men (67.3%).

### What you need to know

This study evaluated a self-guided internet-based intervention for gambling problems. The intervention is called Restart and lasts for eight weeks. The researchers recruited adults who were seeking help for their gambling problems. They randomly assigned 79 participants to the intervention group (IG) and 77 participants to the control group (CG). The IG had immediate access to the intervention, while the CG was on a waitlist for eight weeks. Both groups improved their gambling problems after the eight weeks, with no differences between the groups. The IG also improved on depression symptoms, and the CG had fewer false gambling beliefs. People who were older, had more severe gambling problems, had more depressive symptoms, and had anxiety symptoms benefited more from the intervention.

Participants completed an online assessment at baseline. This was before they got access to the intervention or were put on the waitlist. The baseline assessment asked about their sociodemographic information, gambling behaviour, and mental illnesses. After the intervention or waitlist period ended, participants completed a post-assessment. Only 31 participants in the IG and 34 participants in the CG completed the post-assessment.

The researchers used the Pathological Gambling Adaptation of Yale-Brown Obsessive Compulsive Scale (PG-YBOCS) to determine the primary treatment outcome. The PG-YBOCS was used to compare symptoms of pathological gambling before and after the intervention or waitlist period.

The researchers also evaluated several secondary outcomes. These included: (1) symptoms of depression as measured by the Patient Health Questionnaire-9 Depression Module (PHQ-9); (2) gambling attitudes and false gambling beliefs as measured by Gambling Attitudes and Beliefs Survey (GABS); (3) gambling problems as measured by the South Oaks Gambling Screen (SOGS).

At post-assessment, the IG were asked for their opinions of the intervention. They rated the quality of the intervention, if it was useful and applicable to them, and how satisfied they were with it.

### What the researchers found

#### Primary and secondary outcomes

Both the IG and CG improved on their symptoms of pathological gambling as measured by the PG-YBOCS. There were no significant differences between the two groups. For the secondary outcomes, both the IG and CG improved on their gambling problems as measured by the SOGS. The IG also had a small improvement on symptoms of depression. The CG had fewer false gambling beliefs at post-assessment.

The researchers found several participant characteristics that influenced treatment outcomes. The intervention seemed to benefit older participants more than younger participants. Participants who had more severe gambling problems and symptoms of depression at baseline benefited more from the intervention. Participants who were diagnosed with a mental illness and those who had anxiety symptoms also benefited more. The intervention also had more positive effects on those who were not using self-help at baseline and those who were more satisfied with it.

#### Feasibility of the intervention

Fifty-three participants in the IG (68.8%) logged into the intervention at least once. Of those participants, 18 completed 1–2 modules (33.9%). Seven participants completed 3–4 modules (13.2%), and 5 participants completed 7 or more modules (9.5%).

#### Participant evaluation of the intervention

Almost all participants in the IG (96.5%) rated Restart as being suitable and useful as a self-guided

intervention. Most participants (72%) were satisfied with the intervention in general. However, 37.9% rated the intervention as not being relevant for their gambling problems. Also, 74.4% rated that they had to push themselves to use the intervention.

### How you can use this research

This study can inform clinicians and researchers about internet-based interventions for gambling problems.

### About the researchers

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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.

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