



Comparing guided and unguided internet-based gambling interventions

What this research is about

Only a few people will access face-to-face treatments for their gambling problems. Gambling treatments delivered on the Internet can provide support for these people. There are two general types of Internet-based gambling interventions. Pure self-directed (PSD) interventions are automated and do not involve any human support. Guided self-directed (GSD) interventions include supportive or facilitative guidance from counsellors or peers. Counsellors acting as guides provide support rather than therapy.

There are only a small number of studies that have looked at Internet-based gambling interventions. Overall, the research shows that these interventions improve gambling and psychosocial outcomes. But not much is known about the benefits of adding guidance to Internet-based gambling interventions. There is also limited information on who is likely to benefit from these interventions. In this study, the researchers compared PSD and GSD interventions, and explored who is more likely to complete and benefit from these interventions.

What the researchers did

The researchers conducted a two-arm, parallel-group, randomized trial comparing PSD and GSD. They did so over a 24-month period. Participants were recruited from online advertisements, such as Google advertisements. Participants were also recruited from gambling treatment centres. Eligible participants were randomly assigned to a PSD or GSD condition with the GAMBLINGLESS program. A total of 101 participants were in the PSD group and 106 in the GSD group.

The GAMBLINGLESS program is an internet-based cognitive-behavioural therapeutic intervention. It

What you need to know

The researchers compared the outcomes of guided self-directed (GSD) and pure self-directed (PSD) Internet-based gambling interventions. The researchers examined these outcomes over 24 months in 206 participants. The researchers also examined who is more likely to benefit from Internet-based gambling interventions. At the 24-month follow-up, 55 participants completed the follow-up questionnaires. Overall, 69% recovered or improved on their gambling symptoms. Both groups reported significant reductions in problem gambling symptoms, urges, frequency, spending, and psychological distress. Participants in the GSD group reported increased quality of life, as well as greater improvements in gambling urges and gambling frequency. Weekly internet use and being a woman were associated with better outcomes in the long term. These results support the use and benefits of Internet-based interventions for problem gambling.

consists of four modules that are designed to be completed in eight weeks. Each module has 13 to 15 activities. The modules consist of motivational interviewing, behavioural, cognitive, and relapse prevention. The GSD component includes weekly appointment-based email guidance. This guidance consists of weekly 20-minute sessions over 8 weeks.

The primary outcome measure in the study was gambling symptom severity based on the Gambling Symptom Assessment Scale (GSAS). Other outcomes included gambling urges, past-month gambling behaviour, psychological distress, and overall quality

of life. The researchers also collected descriptive and diagnostic measures. These measures included socio-demographic information and frequency of internet use. Problem gambling severity, treatment goals and help seeking were also assessed. Engagement in other addictive behaviours (e.g., alcohol use, illegal drug use) was also measured. The researchers also collected process measures to see if they could help explain the outcomes. The process measures were assessed using readiness rulers (importance, readiness, and confidence in overcoming gambling problems) and self-efficacy (confidence) to resist gambling in high-risk situations.

What the researchers found

About 33% of participants completed at least one activity. At the 24-month follow-up, 29 participants in the GSD and 26 participants in the PSD completed the questionnaires. Both the PSD and GSD groups improved on their gambling symptom severity, gambling urges, frequency, spending, and psychological distress. There were no differences between the groups on these measures. Participants in the GSD group reported increased quality of life. The GSD intervention was also more effective in reducing gambling urges and frequency. There were no improvements in high-intensity (e.g., face-to-face counselling) or low-intensity help-seeking (e.g., gambling helpline) for both groups.

Overall, 69% of participants recovered or improved on their gambling symptoms at the 24-month follow-up. Weekly internet use and being a woman were associated with better long-term outcomes. Internet use, past-month self-directed action (e.g., joining a gambling support forum), older age, and higher self-efficacy to resist the urge to gamble were predictors of completing at least one activity. Lower gambling urges, past-month high-intensity help-seeking, and higher treatment engagement were predictors of post-baseline questionnaire completion.

How you can use this research

This research can be used to inform Internet-based gambling interventions.

About the researchers

Nicki A. Dowling, Stephanie S. Merkouris, Simone N. Rodda, Stephanie Aarsman, and David W. Austin are affiliated with the School of Psychology at Deakin University in Geelong, Australia. **David Smith** and **Malcom W. Battersby** are affiliated with the College of Medicine and Public Health at Flinders University in Bedford Park, Australia. **Tiffany Lavis** is affiliated with the School of Psychology at the University of Adelaide in Adelaide, Australia. **Dan I. Lubman** is affiliated with Turning Point at the Eastern Health Clinical School in Richmond, Australia. **John A. Cunningham** is affiliated with the Institute of Psychiatry, Psychology and Neuroscience at King's College London in London, UK. **Seung Chul O** is affiliated with the Faculty of Health at Deakin University in Geelong, Australia. For more information about this study, please contact Nicki A. Dowling at nicki.dowling@deakin.edu.au.

Citation

Dowling, N. A., Merkouris, S. S., Rodda, S. N., Smith, D., Aarsman, S., Lavis, T., ... O., S. C. (2021). GamblingLess: A randomised trial comparing guided and unguided Internet-based gambling interventions. *Journal of Clinical Medicine*, 10(11), 2224. <https://doi.org/10.3390/jcm10112224>

Study funding

This study was funded by the Victorian Responsible Gambling Foundation.

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.

