

# knowledge snapshot



## A systematic review of interventions for concerned significant others of people who experience gambling problems

### What this article is about

Problem gambling can have negative impacts that extend beyond the person who is experiencing gambling problems. Concerned significant others (CSOs) of people who experience gambling problems may also experience harm. Harm may involve financial, emotional, health, work and study harm, as well as relationship conflicts. The harm experienced by CSOs may continue to impact their well-being, even after the gambling behaviour has stopped. Thus, there is a need for interventions directed towards CSOs. These interventions can help CSOs learn more about problem gambling, ways to cope with the harm experienced, and how to support a person with a gambling problem.

Since the last systematic review in 2013, there have been significant developments in the research on gambling harm. As such, the purpose of this review was to provide an updated overview of available studies concerning interventions directed towards CSOs of people who experience problem gambling. The authors also evaluate potential benefits and describe the treatment processes used.

### What was done?

The authors conducted a systematic review using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. This involved a comprehensive search for relevant studies in June 2021. They searched seven electronic databases using a combination of key words and selected papers that were published between 2011 and 2021.

Studies were included if they were: (1) related to gambling; (2) included an intervention assessment; (3) reported a CSO-related outcome; and (4) written in

### Why is this article important?

Concerned significant others (CSOs) of people who experience gambling problems may also experience harm. This systematic review provides an updated summary of research published between 2011 and 2021 on interventions for CSOs. A total of 17 reports were found to be relevant and were included in the review. Many studies involved online interventions, such as Cognitive Behavioural Therapy (CBT). Most interventions were directed at treating the CSOs alone. The authors of this review used the stress-strain-coping-support model (SSCS) as a starting point for categorizing treatment process descriptions.

English. The authors also looked for papers produced outside of traditional academic publishing and distribution channels. This involved emailing 32 researchers who were authors of included studies and experts in the field.

After applying the article selection process, 19 reports were included in the review. Two reports were PhD theses and were merged with published reports based on the same studies, totaling 17 studies.

### What you need to know

The studies included in the review were nine studies in Canada, four studies in Sweden, two studies in Australia, and one study each in England and Germany. Seven of the included studies used quantitative methods, and seven studies used qualitative methods.

Most of the included studies were published between 2011 and 2015. The included studies examined nine

interventions with different modes of delivery. Four out of nine interventions were online interventions (e.g., Cognitive Behavioural Therapy; Behavioural Couples Therapy). Five interventions were directed at CSOs alone, while the rest were directed towards couples/dyads.

The authors categorized the treatment process descriptions using the stress-strain-coping-support model (SSCS) as a starting point. The SSCS model states that being a CSO of a person with an addiction is stressful and has a negative impact on their health and well-being. Further, the SSCS model states that the degree of strain that CSOs experience is influenced by their coping skills, social support, and information and understanding. In addition to the themes included in the SSCS model, the authors identified communication as a central theme evident in all studies. Eight additional themes were also identified. The first three additional themes were specific to interventions that were directed towards couples/dyads. These themes included: gambling behaviour, interpersonal nature of the problem, motivation to change, co-occurring conditions, personal history, cognitive functioning, barriers to treatment involvement, and content and format of treatment delivery.

Depression and anxiety were the two most common treatment outcomes measured across the studies. No single intervention was found to be more beneficial for CSOs in terms of depression and anxiety outcomes. However, the authors found that self-directed online interventions (e.g., workbooks or online modules) could reach new clientele and satisfy their needs. These types of interventions were also easy to access, low-cost, and minimal forms of treatment.

### Who is it intended for?

This review is intended for intervention service providers. They could develop and implement tailored CSO support services that align with the themes identified in this review. Clinicians could also consider how to best adapt interventions into different modes of delivery (e.g., online formats) to meet client needs, minimize drop-out, and support treatment outcomes.

This review also provides future directions for research. Researchers could use this review to inform study design and outcome measures to accurately assess the treatment and intervention for CSOs.

### About the researchers

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