

research snapshot

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An evaluation of the Norwegian remote intervention programme for problem gambling

What this research is about

People with problem gambling and their family can experience severe harms, including mental distress, financial troubles, and relationship conflicts. Problem gambling can also be costly to society, as it may lead to lower work performance and even legal issues. Yet, people with problem gambling tend to not seek in-person treatment due to shame and stigma.

Remote treatment that is offered online may provide an alternative option. In Norway, people with gambling problems can seek help from the Norwegian remote intervention programme for problem gambling. This programme is based on cognitive behavioural therapy and is offered free of charge. It lasts for 10 weeks. Participants have telephone sessions with a trained counsellor weekly. They are also given assignments to work on every week.

A previous study in 2013 evaluated the programme and found that it reduced gambling problems, erroneous gambling beliefs, and mental health issues. The improvement was maintained during a follow-up three months later. Given the rapid changes in the gambling environment, it is necessary for an updated evaluation. This study aimed to evaluate the Norwegian programme with a longer-term follow-up at 6 to 12 months after participants completed the programme. It also asked participants about their experiences with the programme.

What the researchers did

Participants were 67 individuals who completed the Norwegian remote programme between August 2017 and August 2018. About one-third of the participants were women. Participants completed the South Oaks Gambling Screen - Revised (SOGS-R) before they

What you need to know

This study aimed to evaluate the Norwegian remote intervention programme for problem gambling. Participants were 67 individuals who completed the programme between 2017 and 2018. Twenty-five participants did the follow-up survey and telephone interview between 6 to 12 months after they finished the programme. The results showed a decrease in gambling problems, erroneous gambling beliefs, and mental health problems. Thus, remote intervention for problem gambling could lead to positive outcomes. The researchers also made some recommendations.

started the programme. Two-thirds of participants reported that they currently had gambling problems. However, according to the SOGS-R, all participants met the criteria for probable pathological gambling. The SOGS-R asked participants about the past three months. However, it was possible that some participants referred to their lifetime experiences with gambling problems instead. Participants also completed the Gamblers' Belief Questionnaire (GBQ) and the Symptom Checklist-90-Revised (SCL-90-R). The GBQ assessed their gambling beliefs. The SCL-90-R assessed their mental health in the past week.

A counsellor, who was not the participants' programme counsellor, contacted them by phone between 6 to 12 months after they finished the programme. Twenty-five participants did both the follow-up survey and telephone interview. Eleven participants did only the phone interview.

On the follow-up survey, participants again completed the SOGS-R, the GBQ, and the SCL-90-R. During the

follow-up telephone interview, participants rated how satisfied they were with the programme and gave their general feedback. They reported if they had sought additional treatment for gambling problems and/or mental disorders. Participants also reported if they had problems with video or online gaming in the time after they ended the programme.

What the researchers found

Fewer participants were actively gambling (weekly or more often) at follow-up compared to before they started the programme. In addition, participants reported fewer erroneous gambling beliefs and mental health problems. Participants also had lower scores on the SOGS-R at follow-up. This indicated an improvement in their gambling problems. About 75% of participants said they had recovered from their gambling problems. But, 13.9% of participants said they were currently experiencing gambling problems.

Most participants were satisfied with the programme. Two in five said they had received other mental health treatment after the programme. About 17% said they had received treatment for gambling problems specifically. However, one in five reported having problems with video or online gaming.

During the telephone interview, some participants said the content should address different problem gambling levels. Some felt that there should be less paperwork. Over half of the participants appreciated the telephone sessions with a counsellor. Almost one-third said they appreciated the anonymity and flexibility (time and place). However, a few participants felt the programme ended too suddenly.

The researchers made several recommendations:

- Telephone sessions with a counsellor appear to be important for the success of remote programmes.
- The Norwegian programme could be tailored to individual needs and include relapse prevention.
- The Norwegian programme and other remote programmes may want to address coping with gambling marketing and problems with gaming.
- The SOGS-R may not be ideal for assessing treatment outcomes. The Norwegian programme may want to consider another measure.

How you can use this research

This study could be of interest to gambling service providers, counsellors, and researchers.

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.

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