

research snapshot

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Comparing treatment outcomes of two online self-directed gambling interventions

What this research is about

People with gambling problems may be unwilling to seek professional treatment. They often prefer to seek information and support that they can do on their own. Past research has found that internet-based treatment is effective in treating mental health and substance use disorders. Past research has also found that brief, self-directed approaches to the treatment of gambling problems show promise.

A past study evaluated a Canadian internet-based intervention called Check Your Gambling (CYG). CYG invites people to complete a brief assessment. It then provides participants with a personalized feedback report of their gambling behaviours and problems, as well as how they compare to other Canadians. CYG also provides brief advice on how to reduce or stop gambling. CYG has been evaluated to have small effects on reducing gambling.

The current study compared an extended online self-directed intervention to the briefer CYG on gambling behaviours and problems. The extended online intervention was developed based on a self-help workbook. It was programmed to include self-management tools along with goal setting exercises that people could do without therapist support.

What the researchers did

Participants were 181 Canadian adults with gambling problems. Through a telephone screen, the researchers assessed the severity of participants' gambling problems using the Problem Gambling Severity Index. They also captured participants' past gambling treatment history. The researchers randomly assigned half of the participants to one of two conditions: brief or extended intervention. The

What you need to know

This study compared an extended online gambling intervention to a brief online personalized feedback intervention. Both interventions reduced days of gambling and problem gambling severity, but no differences between the two were found. Thus, the extended online intervention was not associated with better outcomes. Self-efficacy increased over time but did not explain changes in gambling. Participants who were most engaged in the extended online intervention showed better outcomes at 3-month follow-up. Participants who were not as engaged had slower changes in gambling, but achieved similar improvements by 12 months.

brief intervention was CYG. The extended intervention was an interactive online self-management program. It gave participants access to a set of self-assessment activities and strategies (six modules in total) for reducing or quitting gambling.

The researchers followed up with the participants at three, six, and 12 months after completing their intervention. At each follow-up, they were asked the number of days they gambled over the past three months and how much money they spent on gambling. To measure self-rated improvement, participants were also asked if they met their goal over the past three months. The researchers assessed participants' level of gambling problems using the NORC DSM-IV Screen for Gambling Problems (NODS). Self-efficacy (i.e., participants' belief in their ability to have control over their gambling) was measured using the Gambling Abstinence Self-Efficacy Scale.

Participants also provided the name of one or more individuals (e.g., family or friends) who could confirm their self-reports of gambling. Those individuals were successfully contacted for 53% of participants.

The researchers compared gambling behaviours and gambling problems between the two interventions over the 12-months of follow-up. They analyzed whether participants' self-efficacy at the start of their intervention and their treatment history influenced intervention results. They also analyzed whether participants' level of engagement with the extended intervention had an impact.

What the researchers found

Overall, 158 (84%) of participants completed at least one follow-up assessment and 123 (66%) completed all three follow-up assessments. Participants assigned to the brief versus extended intervention had similar outcomes. Participants in both conditions reported fewer days of gambling and less severe gambling problems at 3-month follow-up. The improvements were maintained at six months and 12 months. Participants in both conditions also reduced the amount of money they spent gambling by the 12-month follow-up. These results suggest that the extended intervention did not improve outcomes over and above CYG.

Participants with higher self-efficacy at the start of intervention showed a larger decrease in days of gambling than those lower in self-efficacy. However, these two groups did not differ at the 12-month follow-up. Participants with a history of treatment did not differ from those without a treatment history at three and six months, but they were gambling more at 12 months. These results were observed for both the extended intervention and the brief CYG.

Over 40% of participants in the extended intervention never visited the website. Participants who visited most often (accessed 5 or 6 modules) had the best outcomes at the 3-month follow-up. Participants who were not as highly engaged showed slower improvements, but had similar results to those who were highly engaged by 12 months.

How you can use this research

Treatment providers could aim to improve self-efficacy at the beginning of a self-directed gambling treatment. This may improve the effects of the intervention on gambling behaviours. Future research could explore features of online gambling interventions that increase their attractiveness, uptake and effectiveness.

About the researchers

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