

research snapshot

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Comparing the efficacy of web-based intervention and email counselling

What this research is about

In Germany, the prevalence rate for problem and pathological gambling is quite high. Although there are many negative consequences, only a few people who have been affected seek help and treatment. Research had started to examine the reasons behind why people may opt out of treatment. Results revealed that some people feel ashamed or embarrassed for having a gambling problem or may have lacked access to treatment. For these reasons, Internet based treatment, in addition to face-to-face, could reduce these barriers.

In Germany, there is a prevention website (CDS “check your gambling”) that provides information and self-test opportunities. It also provides counselling for people who gamble and for their significant others. There are two ways that this website offers counselling: via e-mail counselling (EC) and via a web-based program called “Check Out” (CO).

Given that there is not enough research about the effectiveness of internet-based programs, this study aimed to fill in this gap. Specifically, this study compared EC and CO in how they support people who have problems with gambling.

What the researchers did

The researchers recruited 167 adults seeking counselling for gambling problems through the CDS website. Participants were divided into three random groups: the CO, EC, and waitlist. The CO group received a web-based, structured intervention that provided counselling by trained psychotherapists. The intervention also included writing diary and doing interactive exercises. The EC group received an e-mail-based counselling that involved e-mail exchanges

What you need to know

This study examined the effectiveness of a web-based program ‘Check Out’ (CO) and email counselling (EC) for problem gambling. The researchers recruited 167 participants. They randomly assigned them into CO, EC, or waitlist groups. Results revealed that those in the CO group reduced their gambling and increased their general well-being more than the waitlist group. The EC group also showed improvements in gambling. Compared to EC, the effects of CO appeared to be stronger. The CO group also reported stronger relationships with their counsellors and used the intervention for longer time. EC could perhaps be used as a first step towards more comprehensive counselling (e.g., CO alone or in combination with other therapy).

between the client and the counsellor. It did not have a predefined structure and clients were able to use it at their own pace. The waitlist group was invited to use CO after completing the first follow-up (i.e., after three months).

Each group responded to a survey. The researchers measured the degree of problem gambling via the Problem Gambling Severity Index (PGSI). They also measured other gambling related behaviours. They asked participants how many days they gambled in the last month and what was their highest bet. They measured their well-being with the WHO-5 well-being index.

To evaluate the process of CO and EC, the researchers evaluated the acceptability of the treatments and the quality of the cooperation between clients and

counsellors. They used the Client Satisfaction Questionnaire (CSQ-8) and the Working Alliance Inventory (WAI-sr). They also tracked the number of days of intervention, and the time the clients spent with counsellors. Finally, they asked participants if they used any other help outside of these treatments.

The researchers scheduled follow up surveys at three, six, and 12 months after participants were assigned to the CO, EC or waitlist group. All participants completed the first follow-up survey. Only the CO and EC groups completed the last two follow-up surveys.

What the researchers found

The results revealed that at the 3-month follow up, the CO group showed significant improvements in gambling and well-being compared to the waitlist group. The EC group showed improvements in gambling compared to the waitlist group. There were no differences between the CO and EC groups. However, at 12-month follow-up, the CO group scored better on well-being than the EC group. The measure for working alliance was also stronger for the CO group, who reported stronger working alliance with their counsellors. The CO users also used the intervention twice as long as EC users. In other words, the CO group showed higher affiliation to their intervention.

At 12-month follow-up, both the CO and the EC groups maintained their improvements in gambling (e.g., reduced gambling behaviour). The effects appeared to be stronger for the CO group. The largest reduction in the CO group was with respect to PGSI score (from 16.4 to 5.1 points one year later). The largest reduction in the EC group was with respect to gambling frequency.

In comparison to the EC group, more participants in the CO group abstained from gambling.

How you can use this research

This research could be used by service providers and clinicians. These two interventions both showed to be effective and thus could be considered as viable options for people who want to quit gambling. Treatment plans could include some online portion

using a web-based program, especially since some people may find it more comfortable. Future research could examine whether these options are effective for all gambling subtypes, and across age and gender.

About the researchers

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Citation

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