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Evaluation of the Ohio Problem Gambling Treatment Model for Adults with Co-Occurring Disorders

What this research is about

Gambling disorder (GD) describes when a person continues to gamble despite the negative consequences. People with GD often experience many psychological, economic, and social consequences. These may include distress, lower self-esteem, poorer health, relationship conflicts, and work problems. Despite the consequences of GD, only 10% of people with GD seek treatment for their gambling problems.

People with GD often have other co-occurring disorders, such as depression and alcohol use disorder. Although there have been many manuals developed for the treatment of GD, few are evidence-based. Further, few treatment options aim to address both GD and co-occurring disorders.

To address this gap, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) developed a treatment manual for adults with GD and co-occurring disorders. The Ohio Problem Gambling Treatment Model for Adults with Co-Occurring Disorders (OhPGTM) is a group-based programme that lasts 12 weeks. In this study, the researchers described the OhPGTM and reported on the findings about its effectiveness over a five-year period.

What the researchers did

The OhPGTM took place across seven sites in both urban and rural locations in Ohio, USA. By 2019, a total of 353 people engaged in at least some part of the manual's weekly modules. Slightly more than one-third completed all 12 weeks (122 participants).

The OhPGTM was guided by several theoretical approaches. It drew on Cognitive Behavioural Therapy (CBT), Motivational Interviewing (MI), Stages of Change, and promotion of life skills. The 12-week modules addressed gambling behaviour as well as mental and behavioural health issues that could contribute to gambling. Each week's module began with facilitator instructions and involved an interactive session. The session included a review of a GD cravings scale, monitoring logs and handouts. Participants were also given a take-home assignment. Each group had between 3 to 12 participants.

What you need to know

People with gambling disorder (GD) suffer from many negative consequences, yet few seek treatment. Of particular concern are people with GD and other mental and behavioural health disorders. The Ohio Problem Gambling Treatment Model for Adults with Co-Occurring Disorders (OhPGTM) was developed as a group-based treatment manual. The OhPGTM aims to address not only gambling behaviour but also mental and behavioural health issues that contribute to gambling. In this study, the researchers described the OhPGTM and reported on the findings about its effectiveness over a five-year period.

By 2019, a total of 353 people engaged in at least some part of the OhPGTM's weekly modules. Slightly more than one-third completed all 12 weeks (122 participants). The results showed that GD symptoms improved after participants completed the 12 weekly modules compared to before. However, self-esteem and gambling cravings did not improve significantly. The OhPGTM holds promise as a treatment for adults with GD and co-occurring disorders, but further research is still needed.

Participants completed a short survey before they began the OhPGTM (the pre-test). Immediately after they completed the 12th module, participants were invited to complete the same survey (the post-test). The survey asked about their demographic information and co-occurring disorders. It also included three measures of treatment outcomes: (1) the Gambling Craving Scale (GACS); (2) the Problem Gambling Severity Index (PGSI); and (3) the Rosenberg Self-Esteem Scale (RSES).

What the researchers found

Of the 122 participants who completed all 12 modules, 51% were women and 49% were men. Three-quarters of the participants were White (75%). The rest identified as Black or African American (12%), Hispanic or Latino/a (8%), Asian or Pacific Islander (1%), and mixed-race (3%). About two-thirds had a mental health disorder, with depression and anxiety being the most common. Almost three-quarters of participants had a substance use disorder.

The researchers first compared participants who completed all 12 modules to those who dropped out. The two groups reported similar levels of GD symptoms, gambling cravings, and self-esteem on the pre-test survey. Thus, there was no evidence of a self-selection bias among those completed the treatment.

The researchers then looked for changes in treatment outcomes in participants who completed all 12 modules. In their analysis, the researchers took into account participants' sex, race, whether they had a mental health disorder, and whether they had a substance use disorder. Symptoms of GD improved after participants completed the OhPGTM compared to before. However, self-esteem and gambling cravings did not improve significantly.

How you can use this research

This study can inform future evaluation of the OhPGTM. It may also be of interest to researchers and treatment providers in the field of gambling. The researchers suggested a need to evaluate not just changes to gambling behaviour but also mental and behavioural health outcomes. Evaluation should also include a control group for comparison.

In upcoming years, the OhioMHAS intends to modify the OhPGTM based on clinician feedback. The OhioMHAS also wants to implement the treatment across different health organizations in Ohio. Random selection of treatment providers will be used to serve as comparison groups. The researchers suggested including more racially diverse participants and measures of changes to co-occurring disorders.

About the researchers

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Citation

Kruse-Diehr, A. J., Shamblen, S. R., & Courser, M. W. (2022). Longitudinal assessment of a manualized group treatment program for gambling disorder: The Ohio Problem Gambling Treatment Model for Adults with Co-Occurring Disorders. *Journal of Gambling Studies.* Advance online publication. https://doi.org/10.1007/s10899-021-10089-0

Study funding

This study was funded by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

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