

# research snapshot

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## Internet-delivered cognitive behavioural therapy helps people concerned about their loved one's problem gambling



### What this research is about

In Sweden, up to 1 in 5 people are concerned significant others (CSOs) of people with gambling problems. CSOs include family members, relatives, friends, and colleagues. Problem gambling can cause significant harms to CSOs. These can include financial harm. CSOs also report interpersonal problems and may experience domestic violence. They also report greater mental health problems. CSOs often lack understanding of problem gambling. This may result in a worsening of gambling problems in their loved ones. On the other hand, people with gambling problems may seek treatment because of the concerns of the CSOs.

Several studies have examined how CSOs can influence their loved ones to seek treatment. However, not much attention has been paid to CSOs themselves. CSOs often express a desire to seek help, but shame and stigma remain a barrier for seeking help. When seeking help, CSOs prefer self-help, telephone, and online help.

In this study, the researchers examined an internet-delivered cognitive behavioural therapy for CSOs (iCBT-CSO). The researchers looked at whether the iCBT-CSO led to improved gambling outcomes. These included increased treatment-seeking and reduced problem gambling. The researchers also examined if the iCBT-CSO improved CSO's mental health and relationship satisfaction.

### What the researcher did

The researcher did a clinical trial to compare the effects of the iCBT-CSO to a wait-list control. They recruited 100 CSOs of people who were unwilling to

### What you need to know

Many people are concerned significant others (CSOs) of people with gambling problems. Problem gambling can cause harms to CSOs. The researchers compared an internet-delivered cognitive-behavioural therapy for CSOs (iCBT-CSO) to a waitlist control. The iCBT-CSO was designed to help CSOs develop skills to help their loved ones who have gambling problems. The iCBT-CSO helped improve the mental well-being of CSOs. It helped improve symptoms of anxiety and depression. The iCBT-CSO also helped improve relationship satisfaction. However, the effects on the gambler seeking treatment and money spent, were small and inconclusive. These results suggest that iCBT-CSO can help improve CSO's coping and well-being.

seek treatment for gambling problems. Participants came across the study mostly through Google. To be eligible, the CSOs and their loved one with a gambling problem had to meet several criteria. For example, they both had to be over 18. The CSOs rated their loved one as having a score of 8+ on the Problem Gambling Severity Index. The CSOs had been in the relationship for at least three months. Neither the CSOs or the person with problem gambling had any treatment in the past three months.

51 CSOs were randomly assigned to the iCBT-CSO program, and 49 to the waitlist control. The iCBT-CSO had nine modules. The iCBT-CSO was modelled after Community Reinforcement and Family Training (CRAFT). CRAFT is a treatment approach for CSOs with the best scientific evidence. The program uses

CBT techniques. These include providing information on problem gambling, understanding gambling urges, and encouraging non-gambling behaviours. In CRAFT, CSOs are viewed as important people who can develop skills to help their loved ones overcome gambling problems. In this study, the CSOs did one module each week. Additionally, four counsellors provided weekly (15 minutes) support to CSOs. This was done through emails and over the telephone.

The primary outcome of the study was gambling-related harm. This was measured using the Inventory of Consequences Scale for the Gambler and CSO. Gambling-related outcomes, such as money lost to gambling, were measured using the timeline follow-back. Symptoms of depression were measured using the Patient Health Questionnaire. Symptoms of anxiety were measured using the Generalized Anxiety Disorder Scale. The World Health Organization's Quality of Life Assessment was used to measure quality of life. Relationship satisfaction was measured using the relationship assessment scale. Measures were taken at pre-test, post-test, 3,6, and 12 months. All measures were collected using online surveys.

### What the researcher found

The iCBT-CSO had positive effects on the CSO's emotional consequences. It also improved the CSO's anxiety and depression. The iCBT-CSO also resulted in greater relationship satisfaction. The iCBT-CSO had small effects on gambling outcomes. But these results were inconclusive. The CSOs reported small improvement in money lost to gambling. Eight of the CSOs in the iCBT-CSO and seven of the CSOs on the wait-list said their loved one had entered treatment.

During follow-up, only 35% of the CSOs completed the survey at 12 months. So it was difficult to detect meaningful changes in well-being. Improvement in depression was the only outcome that seemed to decline over time. The CSOs were satisfied with the iCBT-CSO and all would recommend the program.

### How you can use this research

Health care providers could use this research to help inform treatment services for CSOs. Researchers

could build on this study by examining if face-to-face interventions with CSOs might have better results.

### About the researchers

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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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