research snapshot

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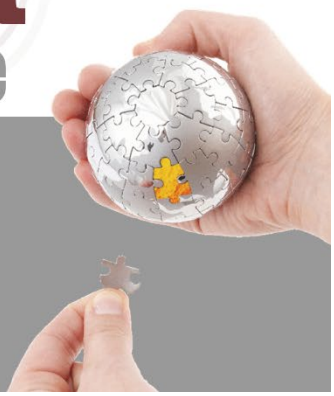
Motivational interviewing for problem gambling at a community-based service and the effects of practitioner behaviours



What this research is about

Motivational interviewing (MI) is a commonly used intervention for problem gambling. During a MI session, the practitioner encourages the client to make change to a specific behaviour or problem. Some studies have found that MI can reduce money and days spent gambling. However, other studies have found that MI does not make a difference. Little is known about the long-term effects of MI or if MI has positive effects on non-gambling outcomes like psychological distress. There is also no study that investigates MI in routine care settings. Routine care is usually the first point of contact when people seek help for a health problem.

In this study, the researchers explored the effects on problem gambling and psychological distress when MI was delivered at a community-based gambling help service. They did an 18-month follow-up to examine the long-term effects. The researchers also explored if practitioner behaviours during the MI session might affect the outcomes. Seeking collaboration, affirming, and emphasizing autonomy are three practitioner behaviours that adhere to MI principles. Confronting and persuading are two MI non-adherent behaviours.

What the researchers did

Participants were 146 adult clients of a community-based gambling help service in Australia. They were either a first-time client or recontacting the service as a new client. Most participants were men (75%). They were invited by one of 26 practitioners to participate in the study at their first call to the service. All practitioners had received a one-day training in MI. If the clients were interested, they were referred to a research officer to enroll in the study and complete time 1 assessment. They were then transferred back to the same practitioners who provided them with the MI session over the phone. Participants could book further gambling counselling after the MI session.

Participants completed five assessments in total. Time 1 occurred before the MI session. Time 2 occurred at 1 to 2 weeks after MI. Time 3 occurred at 6 to 8 weeks after MI. Time 4 occurred at 6 months and time 5 at 18 months after MI. At each assessment, participants completed the Problem Gambling Severity Index (PGSI), the Kessler Psychological Distress Scale (K10), and two items from the Addiction Severity Index—Gambling (ASI-G). The PGSI assessed how severe their gambling problems were. The K10 assessed symptoms

What you need to know

This study explored the effects on problem gambling and psychological distress when motivational interviewing (MI) was delivered at a community-based gambling help service. The researchers also explored if practitioner behaviours affected client outcomes. Participants were 146 new clients. They completed five assessments over an 18-month period. Their first calls to the service when they received the MI session were recorded and coded for practitioner behaviours. The results showed that participants improved their problem gambling severity and psychological distress. The improvements were small at 1 to 2 weeks after the MI session and were larger by the 18-month follow-up. Practitioner behaviours that did not adhere to MI principles had a negative effect on client outcomes.

of anxiety and depression. The ASI-G asked about days gambled and money spent in the past month. At time 3, participants also completed the Client Satisfaction Questionnaire (CSQ-12).

Of the 146 participants, 47 chose to receive the MI session before they signed up for the study. As a result, these participants did not complete time 1 assessment. The researchers had permission to access their data that were collected as part of routine care. The data included their PGSI total score, gambling frequency, and gambling spending in the past month.

Participants' calls to the gambling help service were recorded. The 146 recordings were coded for MI adherent and non-adherent practitioner behaviours.

What the researchers found

At time 1, participants reported problem gambling (scored 8 or higher on the PGSI) and high psychological distress (scored higher than 22 on the K10). They also reported high gambling frequency and spending. Significant improvements in problem gambling severity and psychological distress were seen over time. The improvements were small at time 2 and were larger at later timepoints. The greatest improvements occurred at time 3. About 55% of participants completed time 5 assessment. Almost half of these participants showed reliable improvements. Only 6 to 8% became worse in problem gambling severity and distress. Days gambled and money spent gambling also decreased over time.

Over half of the participants reported being "very satisfied" with the service. Most participants said they would recommend the service to a friend in need of similar support. However, two-thirds reported that some of their needs had not been met.

Effects of practitioner behaviours

Only a small number of practitioners (7.5%) showed a behaviour that did not adhere to MI principles. Practitioner behaviours that adhered to MI principles did not affect client outcomes. However, MI non-adherent behaviours had a negative effect. The use of persuading increased clients' problem gambling severity and psychological distress. It was also associated with lower client satisfaction. No practitioner used confrontation during the MI session.

How you can use this research

This study suggests a need to raise awareness of how MI non-adherent behaviours affect client outcomes in practitioners' training and supervision. The findings could also inform future research investigating MI.

About the researchers

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Citation

Milic, J., Lohan, A., Petch, J., Turner, W., & Casey, L. (2021). The effectiveness of a motivational interviewing treatment for help-seeking problem gamblers in a community organization. *Journal of Gambling Studies*. Advance online publication. https://doi.org/10.1007/s10899-021-10045-y

Study funding

This study was supported by Relationships Australia Queensland. A part of this study was funded by the Queensland Department of Justice and Attorney-General.

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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