



EFFECTIVENESS OF PROBLEM GAMBLING BRIEF TELEPHONE INTERVENTIONS: A RANDOMISED CONTROLLED TRIAL

Summary

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Background

International studies have suggested that very brief treatment can reduce gambling problems, although it is not known how long the improvements might last. The current study compared the effectiveness of three brief telephone-based treatments for problem gambling to the standard Gambling Helpline treatment. Two of the brief treatments had been previously assessed in North American studies using volunteers recruited through media advertising. However, it was not clear whether these treatments could easily be integrated into the day-to-day operations of an existing New Zealand service, and how effective they would be.

Aim

The main aim of the study was to compare the three different telephone-based treatments to the standard Gambling Helpline treatment and to see if some subgroups of clients did better with different treatment types.

Method

This study was a Randomised Controlled Trial (RCT). Participants were aged 18 years or older, had a gambling problem and called the Gambling Helpline for assistance. Four-hundred and sixty-two first-time Helpline callers were randomly assigned to one of the four treatment groups, with approximately equal numbers of participants in each group. Follow-up data were collected at three, six, and 12 months after treatment. The four treatments were:

1. Helpline standard care
2. Single motivational interview
3. Single motivational interview plus cognitive behavioural self-help workbook
4. Single motivational interview, plus workbook, plus four follow-up motivational telephone interviews

Summary of key findings

Overall, similar results were noted in all four treatment groups with participants reducing time and money spent gambling and with treatment success (reduced or quit gambling), with these improvements maintained at the 12-month follow-up. Major improvements were also noted for participants' problem gambling severity; self-rated control over gambling; gambling impacts on work, social, family and home life; health; psychological distress; depression; and quality of life. There were some differences between subgroups. In general, participants in Group 4 did better than participants in Group 2. Participants in Group 4 whose goal was to control gambling or who had more psychological distress or alcohol misuse had better outcomes in some areas than similar participants in other groups. There was some evidence indicating that Maori participants benefited more from treatment 4. Of note was the finding that participants receiving the Helpline standard care generally did as well as those in other groups.