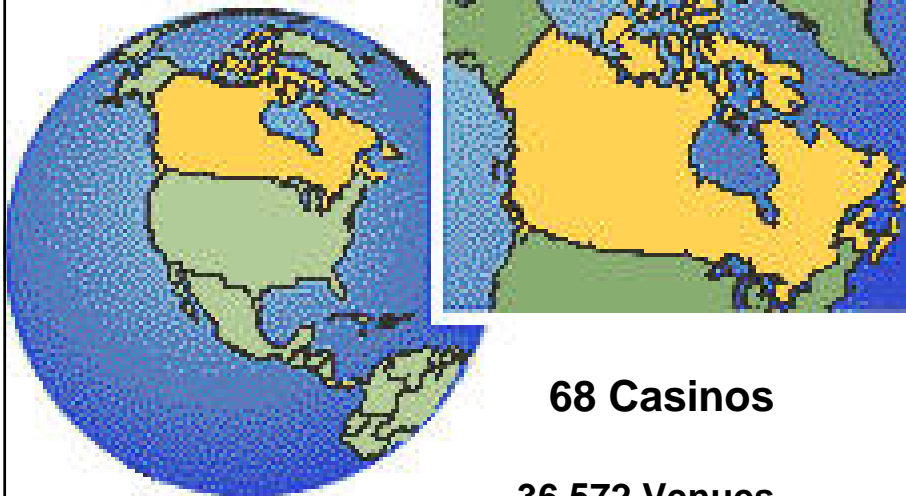


**NATURAL & BRIEF TREATMENT  
ASSISTED RECOVERY FROM  
GAMBLING PROBLEMS**

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**Gambling in Canada**



**EVEN EASIER ACCESS**

The image shows a screenshot of an email client interface. The email header indicates it is from 'TitanCasino' with the subject 'Collect your voucher here'. The main content of the email features a Nokia mobile phone on the left, a 'JackpotCity.com \$500 FREE!' offer in the center, and a 'TitanCasino' banner at the bottom. The banner includes the text 'You are the Bronze Medal Winner of This Week!', 'REGISTER AND COLLECT YOUR \$4,000 bonus prize', and a 'PLAY NOW' button. The email also contains a 'Dear member,' salutation and a message from TitanCasino regarding the bonus prize.

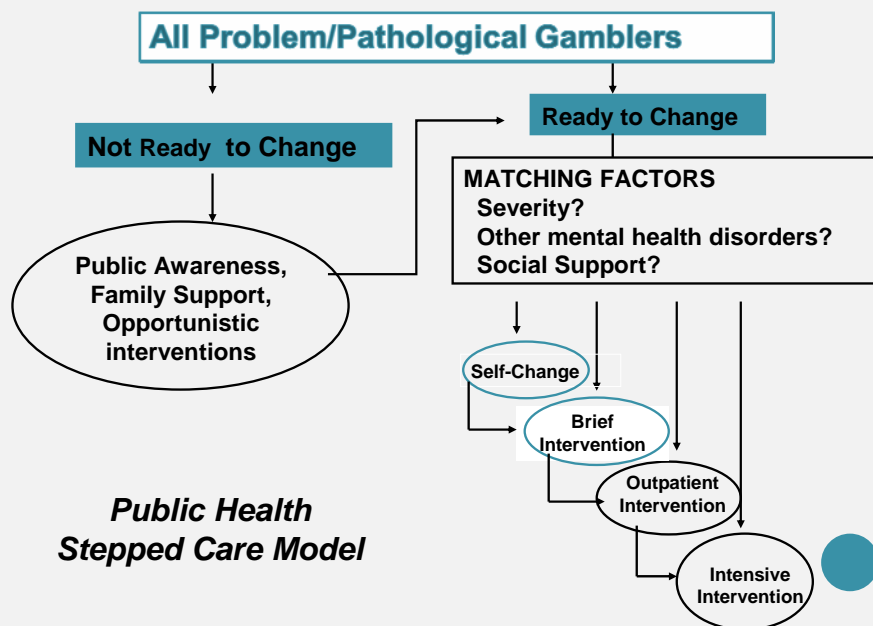
## SWELOGS – SWEDISH PREVALENCE PROJECT= 2009

- 70% of adults gambled in the past year
- About 2% have gambling problems
- Men gambling more often, spend more and more likely have problems
- Socially-economically vulnerable more likely to have problems
- Connected to other mental health disorders.

## WHERE DOES DISORDERED GAMBLING FIT?

	Lifetime	Past year
Pathological gambling	1.6	1.1
Antisocial personality	2.6	1.2
Obsessive compulsive disorder	2.6	1.7
Pathological/problem gambling	5.4	3.9
Drug abuse/dependence	6.2	2.5
Major depressive episode	6.4	3.7
Generalized anxiety	8.5	3.8
Alcohol abuse/dependence	13.8	6.3

[Modified from Shaffer et al, 1997]



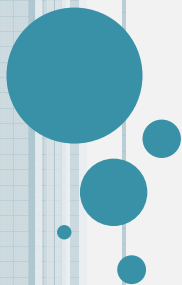
## THE CASE OF ALCOHOL PROBLEMS

- Largest literature and best evidence
- Three types with empirical support
  - Brief opportunistic interventions
    - 1-3 sessions
  - Motivational enhancement approaches
    - 1-3 sessions
  - Self-change/bibliotherapy
- Generally less severe populations



**WHAT IS THE EVIDENCE  
THAT BRIEF  
INTERVENTIONS HAVE A  
ROLE TO PLAY?**

***People recover without  
formal treatment***



## ESTIMATED RECOVERY RATES FROM POPULATION PREVALENCE SURVEYS

	Prevalence Rate		Percent
	Lifetime	Past Year	Recovery
<b>Pathological Gambling</b>	1.7	1.0	41%
<b>Problem Gambling</b>	4.0	2.5	39%
<b>Both</b>	5.7	3.5	38%

Hodgins, Wynne, Makarchuk, 1999

## SLUTSKE (2006) – US SURVEYS

- National Epidemiologic Survey on Alcohol & related Conditions (N=43,093)
  - Lifetime PG – 0.4%, n=185
  - No past year symptoms – 38%, n=70
  - Treatment-seekers – 11% , n=8
  - Natural recovery – 89% , n=62

American Journal of Psychiatry, 163, 297-302

## Slutske (2006)

- Gambling Impact & Behavior Study (N=2,417)
  - Lifetime PG – 0.9%, n=21
  - No past year symptoms – 43%, n=9
  - Treatment-seekers – 11% , n=1
  - Natural recovery – 89% , n=8

American Journal of Psychiatry, 163, 297-302

## CONCLUSIONS FROM POPULATION SAMPLES

- Natural recovery is common
- Estimates difficult to make because PG is a low base rate disorder
- Do not discriminate intentional versus unintentional change (maturing out)

Convenience samples- focus on specifics of the change process of intentional change



## Convenience Sample Studies

- Hodgins & el-Guebaly, 2000
- Toneatto et al., 2008

Did you recover  
successfully  
from a  
gambling  
problem?  
Tell us your  
story

## PROBLEM GAMBLING RECOVERY EXPLORATORY STUDY: GOALS

What precipitates recovery?

- “Hitting bottom”
- Crystallization of discontent

How is it achieved?


- To what do gamblers attribute their success?
- What role does treatment play?

Hodgins & el-Guebaly, 2000  
AHFMR




## GAMBLERS RESOLUTION

Negative emotion (stress, panic)	44%
Financial concern	42%
Family influence	26%
Incompatible with desired self-image or goals	23%
Lack of financial resources	21%
Rock bottom	19%
Confrontation	19%
Support	14%
Spiritual	12%
Cognitive appraisal (pros and cons evaluation)	12%



## ACTIONS PER CONTENT ANALYSIS

Stimulus control (avoidance control)	49%
New activities (leisure, family)	47%
Treatment	28%
Cognitive (self-talk, thought stopping)	26%
Social support	23%
Spiritual	12%
Will power/decision making	9%
Miscellaneous	7%
Nothing	7%
Limited access to money	5%*
Self-reward	5%
Confession	5%



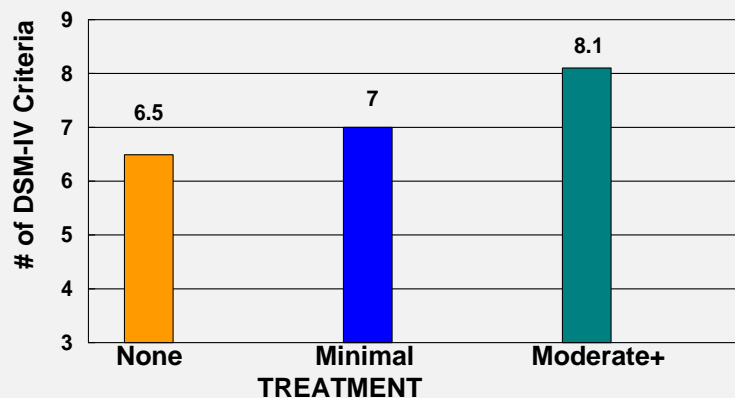


## Maintenance factors

New activities	44%
Remembering negative aspects /anticipating future negative consequences	33%
Social support	30%
Treatment	28%
Focusing on improvements in life	19%
Cognitive strategies for urges	16%
Stimulus control/avoidance	16%
Spiritual	12%

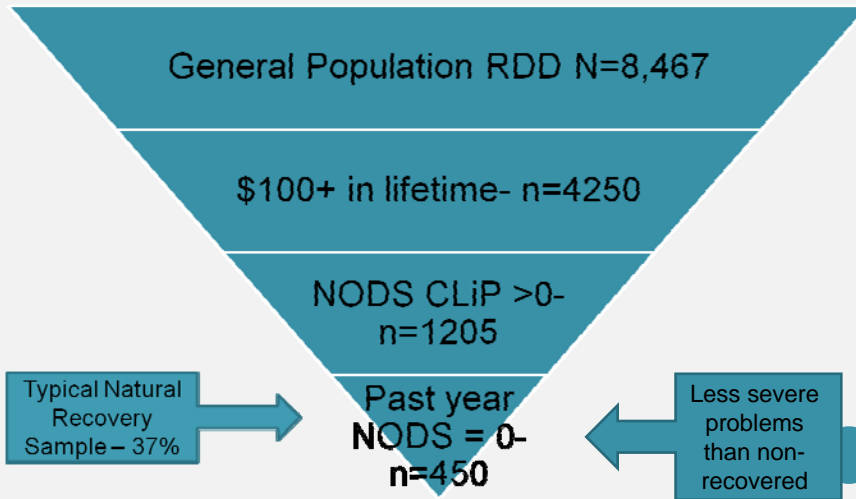
## PREDICTING WHO SEEKS TREATMENT

Demographics [age, gender]  
Comorbidities [alcohol, other drugs, depression]  
Type of gambling  
Severity of problem [SOGS, # of DSM-IV criteria]

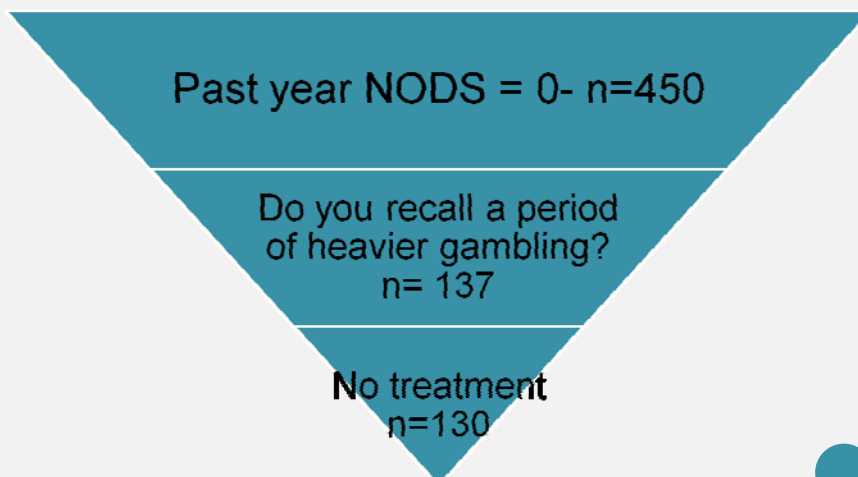


\*Most frequent reason for no treatment: "Wanted to handle problem on own" 79%

**COMBINED METHOD.  
CUNNINGHAM, HODGINS &  
TONEATTO, 2009**



**NATURAL RECOVERY ASSESSMENT**




***CAN YOU PLEASE TELL ME WHAT LEAD YOU TO QUIT OR CUT DOWN ON YOUR GAMBLING?"***

- Negative consequences 25%
- Drifting out 42%
- Reflective/maturation 42%


more  
severe  
problems

***IN ORDER TO HELP US DESIGN MORE EFFECTIVE WAYS TO HELP PEOPLE WITH THEIR GAMBLING, WE ARE INTERESTED IN ANYTHING THAT YOU CAN TELL US ABOUT WHAT HELPED YOU TO QUIT OR CUT DOWN ON YOUR GAMBLING. CAN YOU TELL ME ABOUT ANY STRATEGIES YOU USED?***

## **STRATEGIES IDENTIFIED**

- Common sense/figured out what was important and stuck to it/came to realization – 32%
  - Set a limit/stick to it/don't bring credit or debit cards – 23%
  - Avoided gambling situations – 19%
  - Took up other hobbies/activities/kept busy- 8%
- 

## **Conclusions from natural recovery studies**

- Many people recover successfully “on their own” and want to “do it on their own”
  - Related to less severe but not insignificant or short-term problems
  - Recovery strategies are practical, problem-focused, cognitive-behavioural
  - We need a range of treatment options, including “promoting self-recovery”
- 

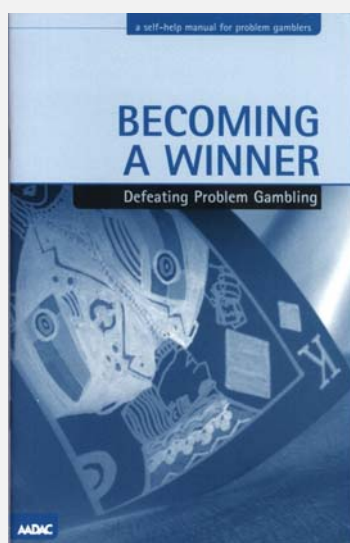
## INSTEAD....

“People are generally better persuaded by the reasons which they themselves have discovered than by those which have come into the minds of others”

*Pascal's Pansees, 17th Century*



## Problem Gambling Self-recovery Program



Hodgins, Currie & el-Guebaly, 2004

## **MINIMAL TREATMENT TRIAL (HODGINS ET AL., JCCP, 2001)**

- Media Recruitment
- Random assignment to 3 conditions (N=102)
  - waiting list control (1 month).
  - self-help workbook through the mail.
  - self-help workbook through the mail plus a 30 - 45 minute motivational telephone interview.
- Telephone follow-up 1, 3, 6, 12, 24 months.
- Collateral verification



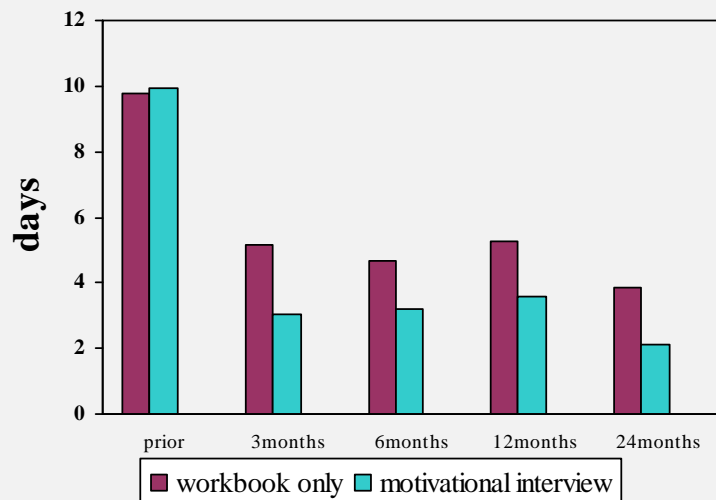
### ***Motivational Interview = Motivational Nudge***

1. Elicit client concerns
  - normative feedback
2. Explore ambivalence
3. Promote self-efficacy
4. Suggest strategies

## MINIMAL TREATMENT DEMOGRAPHICS (N=10)

Gender (female)	52%
Problem Type	
VLT's	86%
Casinos	19%
Bingo	10%
Horse racing	4%
Lotteries	4%
Slots	3%
Card games	3%
Speculative investments	1%
Games of skill	1%
South Oaks Gambling Screen	M =12
Previous Treatment	56%

## Minimal Treatment - 24 Month Outcome



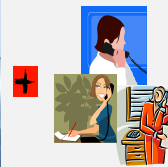
## MINIMAL TREATMENT CONCLUSIONS

- Results are promising. Gamblers report reading the manual and following the strategies.
- Media recruitment is an effective way to attract problem gamblers not seeking treatment particularly women
- Significant reduction in gambling at 24 months
- Support for Stepped Care Model
- Motivational enhancement helpful

## REPLICATION STUDY (N=314)

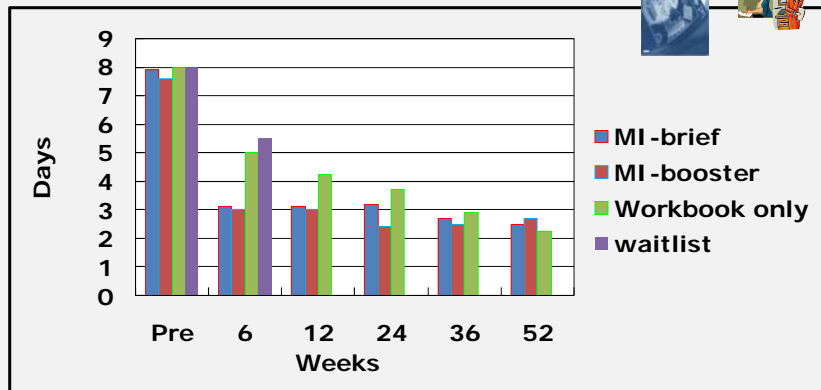
- Waitlist control
- Workbook only
- Minimal Treatment - Workbook plus MI telephone
- Brief Treatment – Workbook plus MI plus 5 booster calls

Hodgins et al., 2009, JCCP





## REPLICATION STUDY – DAYS GAMBLLED/MONTH



## REPLICATION STUDY: WHAT WE LEARNED?

1. Confirmed that people participated because **they did not want to attend treatment**
2. People associated success with **practical strategies** (new activities, avoiding cues)

## WHAT WORKED? (MODE = 1, MEAN = 1.6)

Action	% of people
New activities/Change in focus	68%
Stimulus Control/Avoidance	48%
Treatment	37%
Cognitive	34%
Budgeting	31%
Willpower/Decision-making/self-control	23%
Social support	10%
Others – confession, no money, non-gambling external factors, self-reward, spiritual, addressing other addictions	<5%

Hodgins et al., in press

## REPLICATION STUDY: WHAT WE LEARNED?

3. People **naïve to treatment** did best
4. Confirmed that **Motivational Interview was helpful** – amount of “change talk” predicted change at 12 months

## THOUGHTS

- Stepped care make sense
  - Use of fewest resources per person
- Promoting self-change makes sense
  - Maximizing the number of people addressing a problem
- Focusing on motivation makes sense
  - Maximizing effectiveness



## FUTURE DIRECTIONS

- More on how it works
  - Comparative designs
  - Search for matching factors
  - Dismantling studies
    - Strategies,
    - MI,
    - Normative feedback



## FUTURE DIRECTIONS

- Practical applications – How to offer it ? Does it increase treatment uptake?
- Helpline - New Zealand Project
- Web Applications – Canada & Sweden



## ONLINE TOOLS HOMEPAGE

Home **Online Tools** Gambling Information Getting Help Support For Families About Us Contact

### Welcome to Self Help Gambling Tools

Almost 5% of Ontarians have a moderate or severe gambling problem. And almost 10% more are classified as "at-risk" for problem gambling.

This site will give you a better understanding of the issues and how you can get help for yourself or someone you know.

- Gambling Quiz**  
Take the quiz to see where you stand.
- Monitor Your Gambling Urges**  
If you are having problems with gambling you can do something about it.
- Online Tools for the Gambler**  
Descriptive Text
- Online Tools for Family and Friends**  
Descriptive Text

**Ontario Problem Gambling Helpline**  
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Free, confidential and anonymous  
Available across Ontario  
Service in more than 140 languages

The Helpline provides information about and referrals to problem gambling counselling services, including telephone counselling and organizations such as Gamblers Anonymous and Gam-Anon.

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## THANKS

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