



Internet Delivered Counselling for Gambling Disorder

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CRISM | PRAIRIES

Canadian Research Initiative in Substance Misuse

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Disclaimer

- This work is my own and does not reflect the opinions of the Alberta Gambling Research Institute, CRISM Prairie node, the Alberta Rural Development Network, the University of Lethbridge, or my co-investigators.

Gambling in Alberta

- Gambling in Alberta is approximately a **2.5 billion Dollar** a year business¹.
- Approx. **80%** of adult population gamble at least once a year¹.
- Typically, those who **gamble the most** experience the greatest harm².

Gambling Treatment in Alberta

- Albertans **seeking treatment** are steadily **declining** despite **stable** problem gambling prevalence rates (1-2%)¹.
- **High** Gambling Treatment **drop-out rates** (33% -50%)¹.
- One possible reason for these issues is the **lack of immediate benefits** clients gain from treatment attendance.

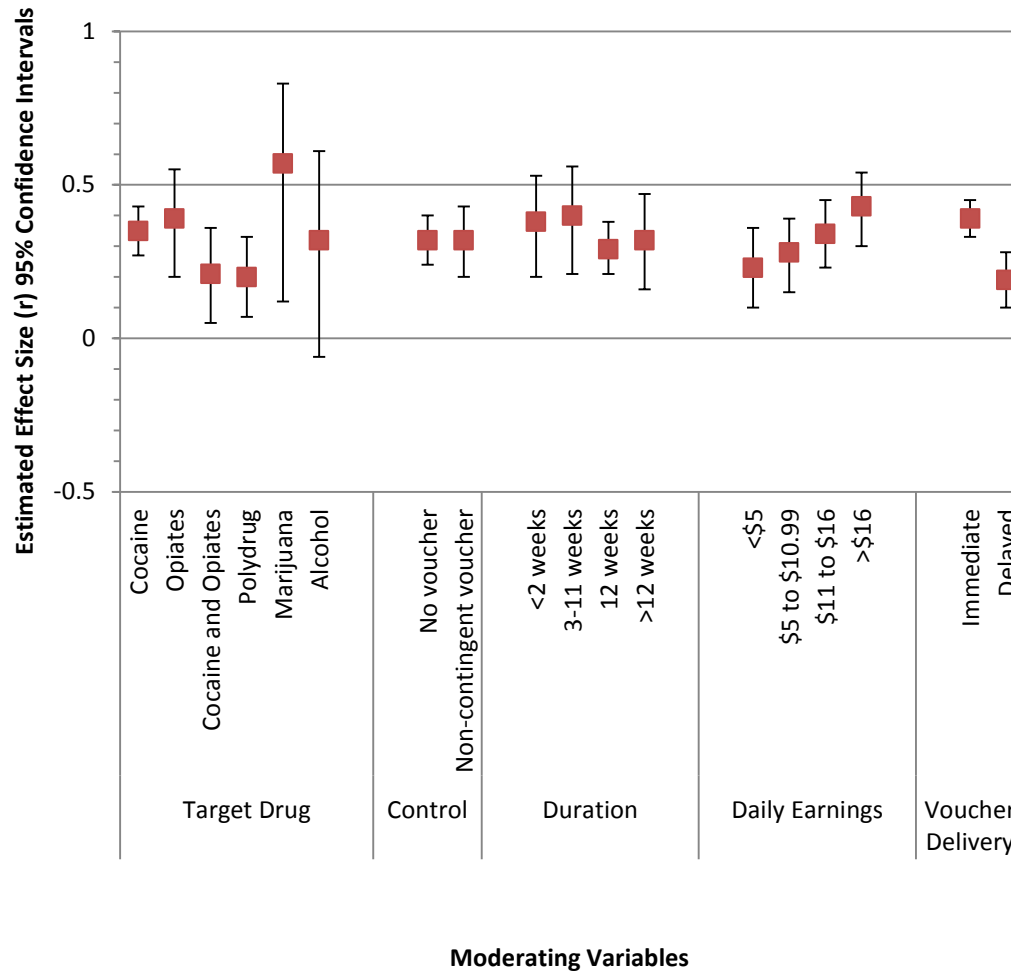
Contingency Management

- **Contingency Management (CM)** is a form of behaviour modification.
- Participants who **perform the target behaviour** are **reinforced** (i.e., receive a reward).
- **The frequency of behaviour** is influenced by the **consequences of the behaviour**³.

Contingency Management

- Used in substance abuse treatment⁴; **large treatment effect sizes**⁵, improvements in participant **attendance**, study **retention**, and **abstinence**⁶.
- **Also used** for; weight-loss, exercise, medication adherence, quality of life.
- Sometimes called motivational incentives.

Meta-Analyses



Lussier, J. P., Heil, S. H., Mongeon, J. A., Badger, G. J., & Higgins, S. T. (2006). A meta-analysis of voucher-based reinforcement therapy for substance use disorders. *Addiction*, 101, 192–203.

Contingency Management

- CM + CBT study at the **University of Lethbridge**
- 20 participants (total n=44); pre-post, follow-up
- DSM-V gambling disorder
- Relatively healthy
- Funded by CRISM Prairie Node
- Theoretical basis for study: **Behavioural Momentum**; greater reinforcement 'mass' is provided for repeated abstinence which we predict will result in **longer periods of abstinence**⁷.

Telemedicine

- Most Albertan **telemedicine** is focused on delivering **training or non-clinical services**⁸.
- **Telemedicine** is likely to be helpful for rural communities as they **typically struggle to access** counselling opportunities.

Internet-Delivered Counselling

- **Internet** delivered counselling to **rural and remote** Albertans with gambling and substance use (n=44).
- **CM** for attendance, submission of evidence of non-gambling.
- **On-line credit** at various large Canada-wide stores
- **Randomised** to CBT+CM (CM+) or CBT alone.
- 12-weeks, pre-post, follow-up.

Internet-Delivered Counselling

- Participants contacted by the **Rural Development Network**.
- **Counselling sessions** use Skype and Facetime applications.
- Located at the **University of Lethbridge**, Faculty of Health Sciences.
- Counselling provided by UoL **MEd Addictions Counselling** students.



HOME

CREATING RURAL CONNECTIONS THROUGH EDUCATION

Demographics

- Gender (Female 5, Male 10)
- Occupation (Retired/unable to work 5, paid employment 5, missing 4, other 1)
- Ethnicity (all reported 'Canadian')
- Education (Year 12 2, tertiary 4, post-graduate 2, trade 3, missing 4)
- Annual Income (Average \$47,316)
- Marital Status (Married 4, single/divorced/widowed/separated 7, missing 4)
- Household structure (single person 6, couple 4, group 1, missing 4)

Base-Line Data

- Average gambling losses per month (\$1,522)
- Preferred gambling activity (majority reported VLTs/Slots)
- Average time spent thinking or engaged in gambling per month (287 hours)
- Average DSM-5 score (6.8 'moderate')

Retention and Sessions

- 15 screened
- Randomisation (CM+ 9, CBT 6)
- Retention
 - 9 Withdrew (CM+ 3, CBT 6)
 - 4 completed (CM+ 4, CBT -)
 - 2 currently receiving treatment (CM+ 2, CBT -)
- Average number of sessions:
 - Completers (CM+ 12, CBT -)
 - Withdrawals (CM+ 3, CBT 1.33)

CM Earnings

- Completers \$137.87, Withdrawals \$28.00

Pre-Post Treatment

- Completers, Average total scores
- Higher scores indicate greater severity

	Pre-Tx	Post-Tx
Gambling Symptoms	28.5	7.25
Gambling Urges	11.25	3.5
Impulsivity	66	65

Conclusions

- High drop out for the CBT group.
- CM+ appears to increase the likelihood of counselling session attendance and study retention.
- CM+ resulted in decreases in gambling symptoms and urges but not impulsivity.

References

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