Advancements in online self-directed programs to reduce gambling harm

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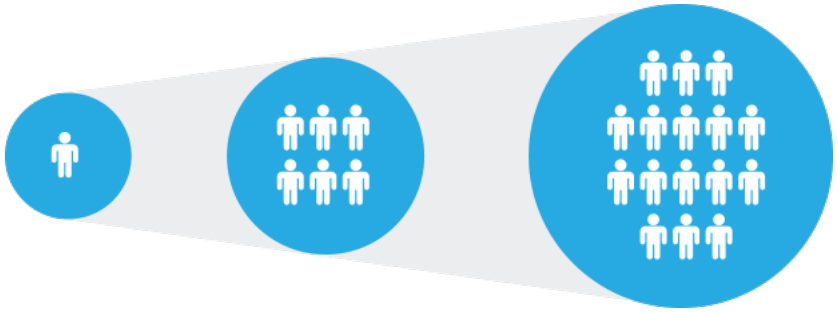
The presentation today will focus on:

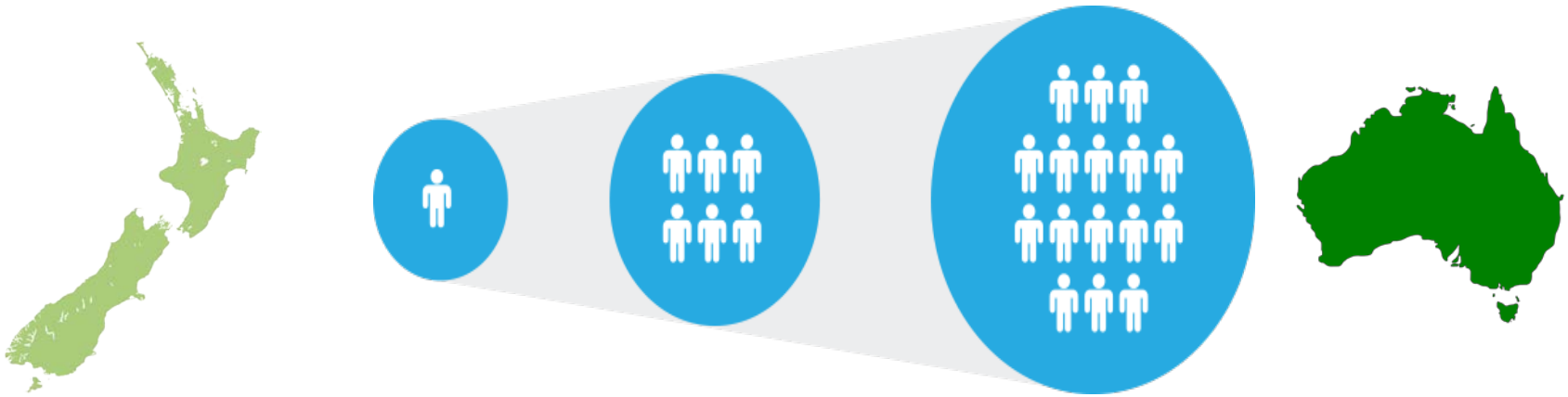
1. **Information on the current state of knowledge in the development of online self-directed programs to reduce gambling harm**
2. **The topline findings from a project funded by the VRGF at developing and evaluating an online self-directed behavioural program for gambling (GamblingLess. For**
3. **The translation of GamblingLess for the VRGF website redevelopment and the adaptation of this program into a cutting-edge "just-in-time" intervention.**
4. **A discussion of the integration of online self-directed interventions into existing service systems and in e-therapy**

1. Information on the current state of knowledge in the development of online self-directed programs to reduce gambling harm

To implement and disseminate Internet interventions to anyone, anywhere

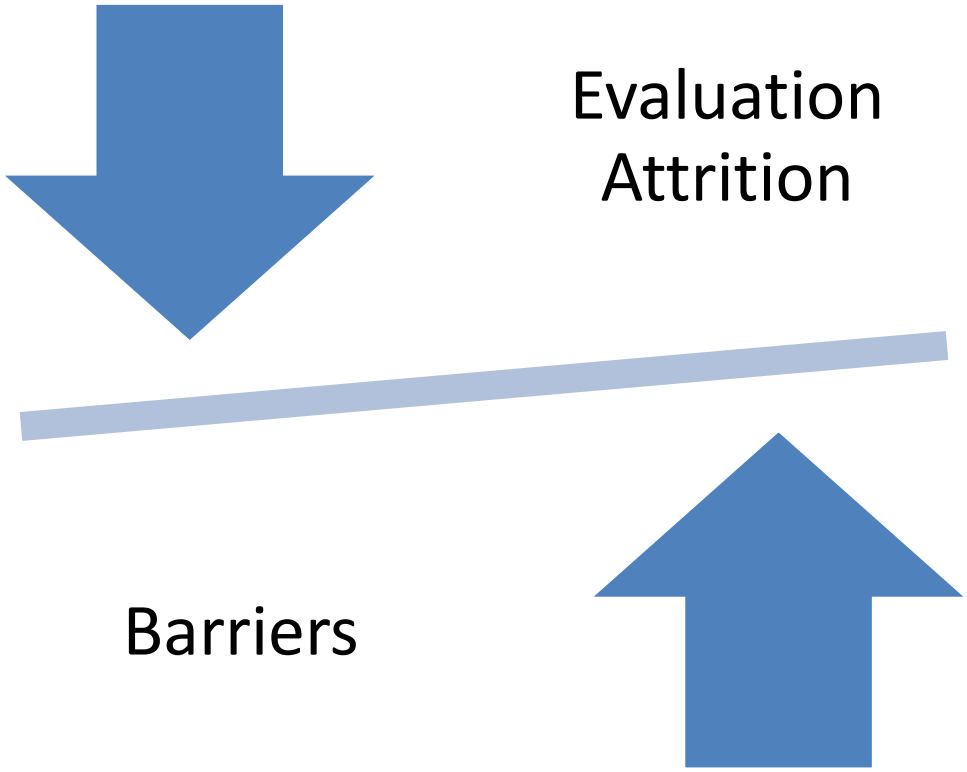


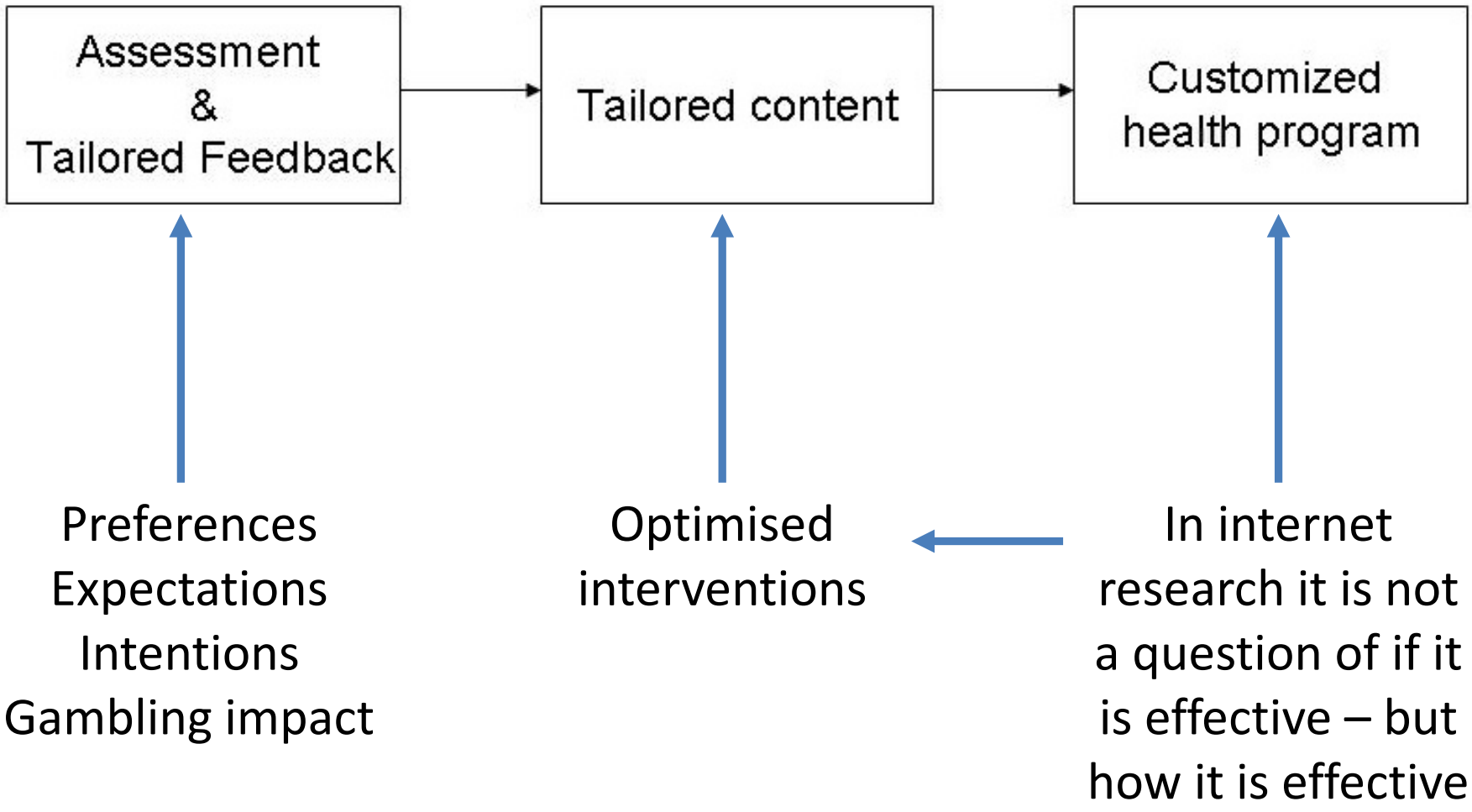
Ritterband et al., (2006) Directions for the International Society for Research on Internet Interventions (ISRII)



Type of person involvement

(e.g., guidance, clinician, coach, peer-to-peer)


Evaluation
Attrition
Barriers


Assessment
&
Tailored Feedback
Tailored content
Customized
health program
Preferences
Expectations
Intentions
Gambling impact
Optimised
interventions
In internet
research it is not
a question of if it
is effective – but
how it is effective

REVIEW ARTICLE

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Therapist-delivered and self-help interventions for gambling problems: A review of contents

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Background and aims: To date, no systematic approach to identifying the content and characteristics of psychological interventions used to reduce gambling or problem gambling has been developed. This study aimed to develop a reliable classification system capable of identifying intervention characteristics that could, potentially, account for greater or lesser effectiveness. *Methods:* Intervention descriptions were content analyzed to identify common and differentiating characteristics. A coder manual was developed and applied by three independent coders to identify the presence or absence of defined characteristics in 46 psychological and self-help gambling interventions. *Results:* The final classification taxonomy, entitled Gambling Intervention System of CharacTerization (GIST), included 35 categories of intervention characteristics. These were assigned to four groups: (a) types of change techniques (18 categories; e.g., cognitive restructuring and relapse prevention), (b) participant and study characteristics (6 categories; e.g., recruitment strategy and remuneration policy), and (c) characteristics of the delivery and conduct of interventions (11 categories; e.g., modality of delivery and therapist involvement), and (d) evaluation characteristics (e.g., type of control group). Interrater reliability of identification of defined characteristics was high ($\kappa = 0.80$–1.00). *Discussion:* This research provides a tool that allows systematic identification of intervention characteristics, thereby enabling consideration, not only of whether interventions are effective or not, but also of which domain-relevant characteristics account for greater or lesser effectiveness. The taxonomy also facilitates standardized description of intervention content in a field in which many diverse interventions have been evaluated. *Conclusion:* Application of this coding tool has the potential to accelerate the development of more efficient and effective therapist-delivered and self-directed interventions to reduce gambling problems.

Keywords: reporting guidelines, change techniques, self-help, treatment, taxonomy, personalized feedback

Table 1. Evidence for e-mental health interventions into problem gambling

Method of delivery and/or content	Relevant study	Study aims/findings
Online information	None	None
Online screening	Griffiths, Wood, & Parke, 2009	Screening, as part of a suite of self-help options offered in an online responsible-gambling program, perceived as helpful by gamblers
	Cunningham, Hodgins, Toneatto, Rai, & Cordingley 2009; Cunningham, Hodgins, Toneatto, & Murphy, 2012	Personalised feedback effective in the short term
Forum or message board	Wood & Wood, 2009	Forums helped people cope better with gambling and were popular with online gamblers
	Cooper, 2004	Forums used to avoid stigma of face-to-face gambling counselling
Online self-directed program	Hodgins et al., 2013	Trial protocol for Canadian study comparing online self-directed behavioural and cognitive change strategies for problem gambling against a website offering self-screening
	Carlbring & Smit, 2008	8-week Swedish CBT program effective at reducing gambling when supported by phone/email
	Carlbring et al., 2012	3-year follow-up of CBT program (see no. 2) supported Carlbring and Smit's original findings
	Castrén et al., 2013	8-week CBT program with telephone support in Finland reported reductions in gambling, urges and alcohol consumption
	Myrseth et al., 2013	3-month CBT program with telephone guidance effective at reducing gambling at three months post treatment

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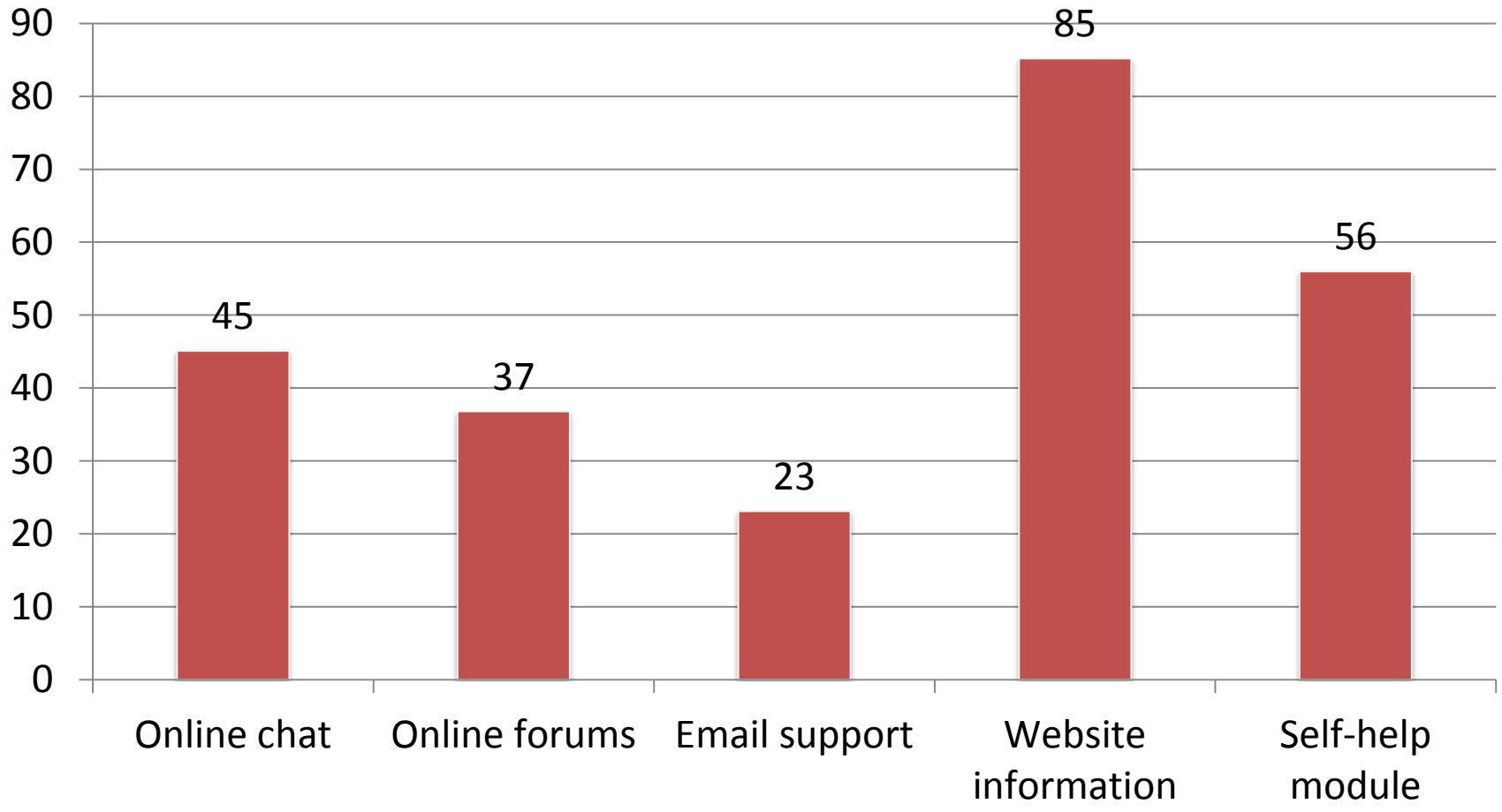
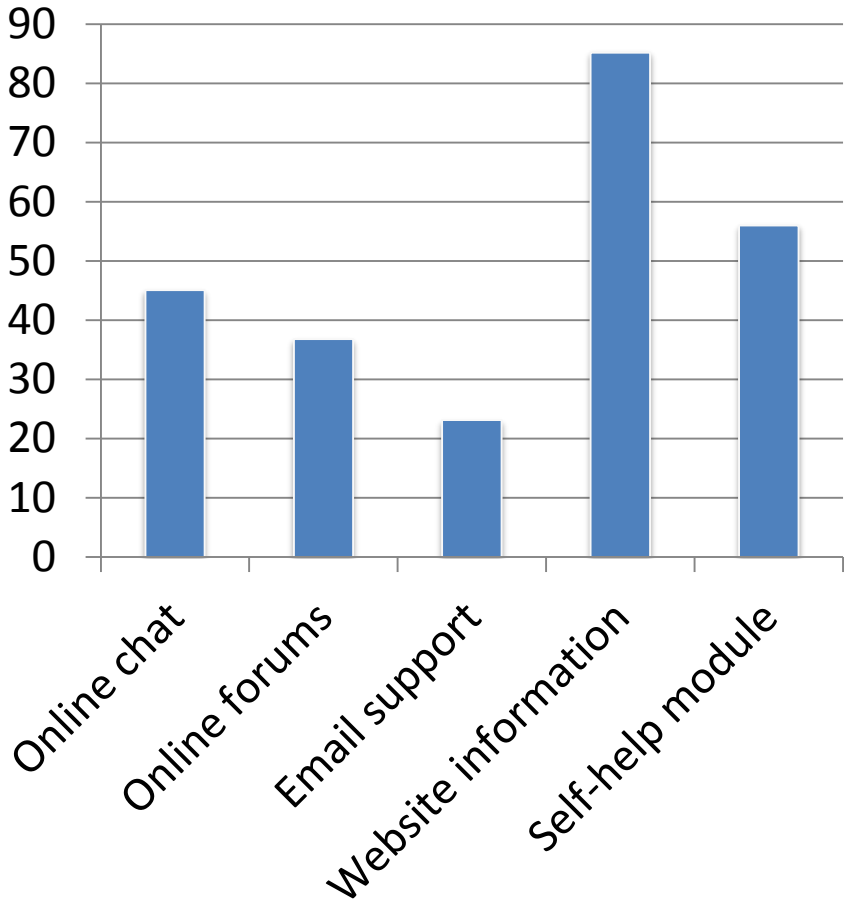
Mobile application	Savic, Best, Rodda, & Lubman, 2013	Review of smart phone applications in 2012 found 87 apps related to recovery from addictive behaviours
SMS	None	None
Email	Rodda & Lubman, 2014	Older people are more likely to choose email over online counselling
Online synchronous counselling	Rodda & Lubman, 2014	Australian study: higher presentation of younger people, especially young men. High rates of online gamblers
	Wood & Griffiths, 2007	UK study: higher presentation of younger people, especially young women. High rates of online gamblers
	Rodda, Lubman, Dowling, Bough, & Jackson, 2013; Wood & Griffiths, 2007	Synchronous counselling used for anonymity, convenience and easy access. Overall positive experience and high satisfaction
	Rodda, Lubman, Cheetham, Dowling, & Jackson, 2015	Presentations involve distress (49%) and requests for strategies and tips for change (51%)
	Dowling, Rodda, Lubman, & Jackson, 2014	Family members of problem gamblers are most often under 40 years and female
Video counselling	None	None

Types and number of services accessed (n=277)





Services access: 26 combinations

Most frequent combinations: Website, forum, module (14%)
Chat and website (11%)
Website and module (11%)
Chat, website, module (9%)
Website only (7%)
Chat only (6%)

The evidence: Talking to someone online is better than a self-directed option (n=277)

	Baseline M (SD)	4-weeks M (SD)	12 weeks M (SD)
Gambling Severity			
Low intensity e-therapy	30.8 (9.5)	13.9 (9.7)	14.7 (11.6)
Self-directed (websites, modules)	29.7 (5.7)	16.2 (8.7)	22.5 (11.2)
Frequency of gambling			
Low intensity e-therapy	18.9 (16.2)	6.7 (11.3)	4.5 (8.7)
Self-directed (websites, modules)	18.5 (13.2)	7.9 (9.4)	10.4 (11.6)
Money spent gambling			
Low intensity e-therapy	4334 (5151)	760 (1213)	753 (1461)
Self-directed (websites, modules)	3117 (3864)	952 (1429)	988 (1392)

Participants accessing a person-to person interaction reported greater reductions on all indicators than those that accessed an intervention without therapist involvement

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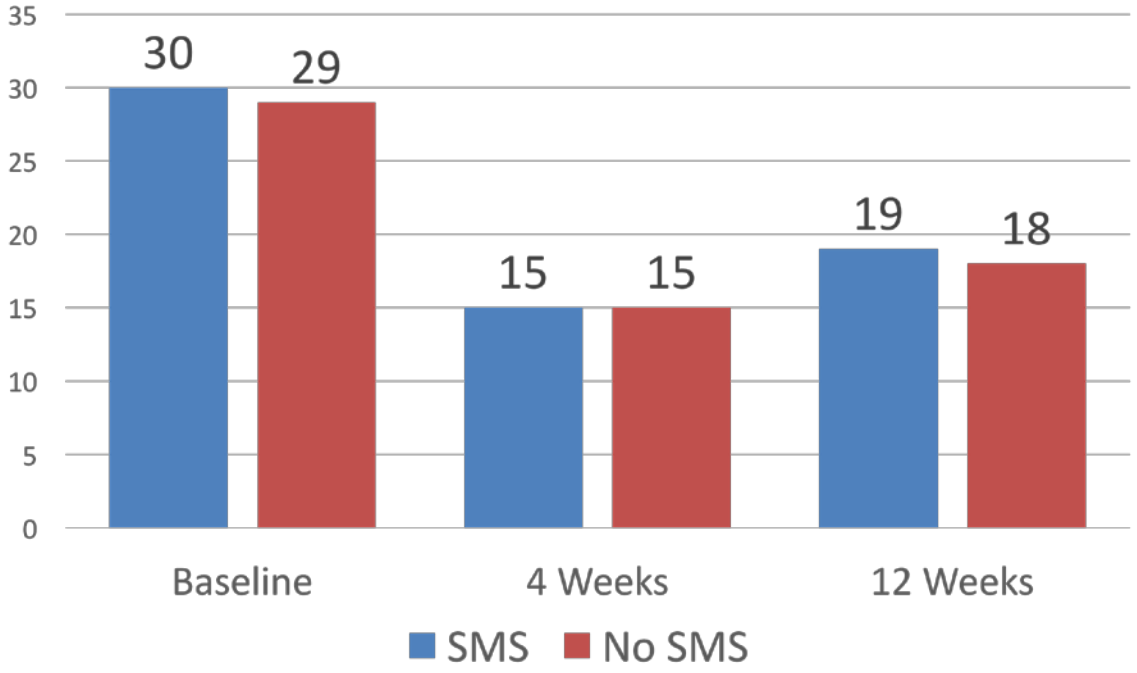
Video counselling	None	None

Does providing text messaging in addition to e-health improve gambling outcomes? (n=199)



SMS versus treatment as usual on gambling severity at 4 and 12 week evaluation

Significant reductions from baseline to 12 week follow up. Most gains made by 4 week follow-up

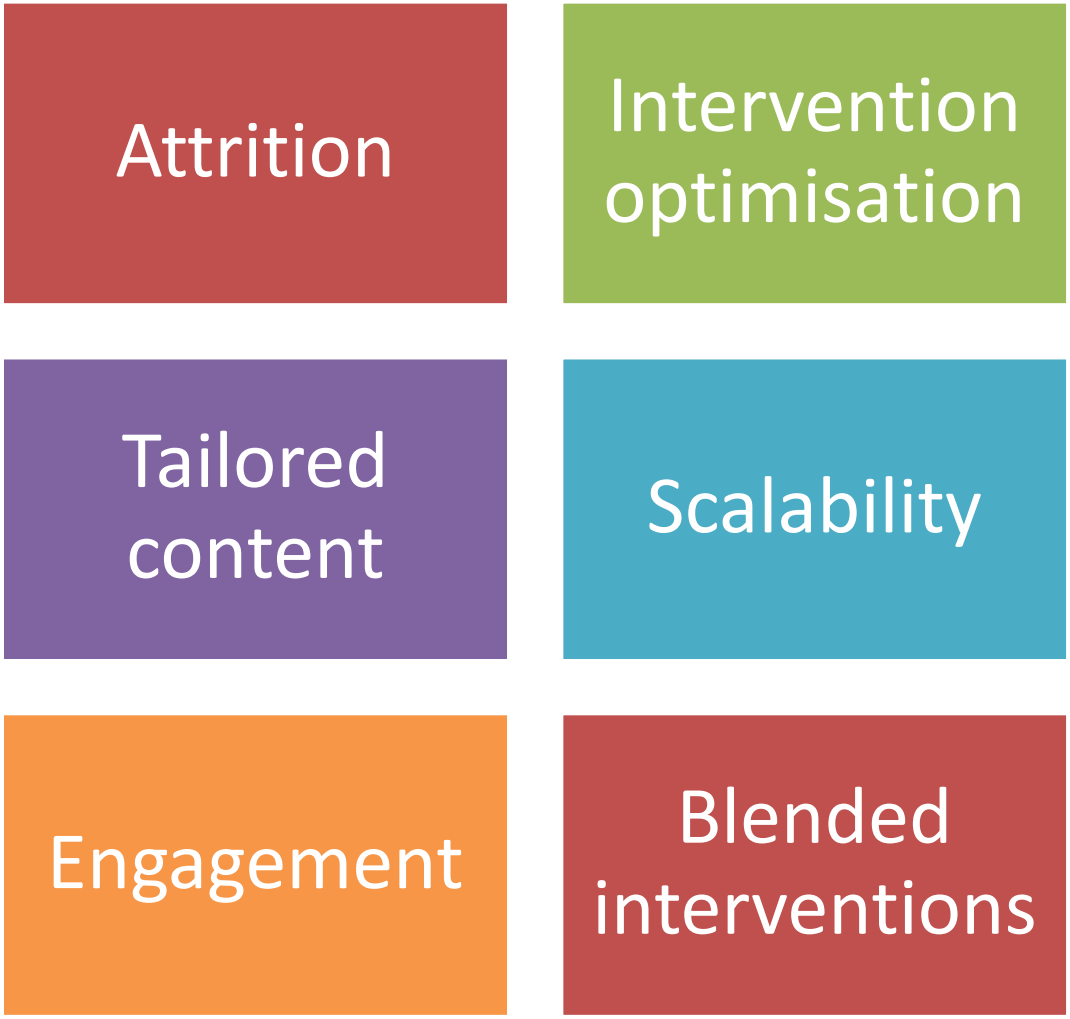
How often have you accessed support in the past?	Never	Once	> twice
Distance-based			
Talked to a gambling help counsellor online	166 (59.9)	94 (33.9)	**17 (6.1)**
Sent an email to a gambling help counsellor	222 (80.1)	46 (16.6)	**9 (3.3)**
Phoned a gambling helpline	170 (61.4)	64 (23.1)	**33 (15.6)**
Face-to-face			
Talked to a gambling counsellor face-to-face	211 (76.2)	25 (9.0)	**41 (14.8)**
Sought financial counselling by phone or face-to-face	229 (82.7)	34 (12.3)	**16 (5.3)**
Stayed in a residential facility for gambling	270 (97.5)	4 (1.4)	**3 (1.1)**
Talked to a psychologist, psychiatrist or GP about gambling	207 (74.7)	25 (9.0)	**45 (16.3)**
Attended a support group for gambling	242 (87.4)	13 (4.7)	**22 (7.9)**
Self-directed options			
Read or posted in the website online forum	182 (65.7)	54 (19.5)	**41 (14.8)**
Read information on the GHO website	64 (23.1)	83 (30.0)	**130 (46.9)**
Completed one of the self-help modules on GHO	159 (57.4)	80 (28.9)	**38 (13.7)**
Self-exclusion from a land based or online gaming venue	194 (70.0)	36 (13.0)	**47 (16.9)**
Talked to family members or friends about the gambling	75 (27.1)	58 (20.9)	**144 (52.0)**
Tried a self-help strategy (budgeting, avoidance)	93 (33.6)	40 (14.4)	**144 (51.9)**

Have you ever sought help for your gambling? (yes/no).

20%

50%

70%


Attrition
Intervention optimisation
Tailored content
Scalability
Engagement
Blended interventions

2. The topline findings from a project funded by the VRGF aimed at developing and evaluating an online self-directed cognitive behavioural program for gambling (GAMBLINGLESS. For Life.)

PROJECT OVERVIEW

PHASE 1

DEVELOPMENT OF THE GAMBLINGLESS PROGRAM

Develop an online self-directed program for gambling that can be delivered across Victorian and other Australian services

PHASE 2

PILOT PRAGMATIC TRIAL OF THE GAMBLINGLESS PROGRAM

Compare the effectiveness of the program delivered under GSD and PSD conditions

PHASE 3

ACCEPTABILITY & FEASIBILITY OF THE GAMBLINGLESS PROGRAM

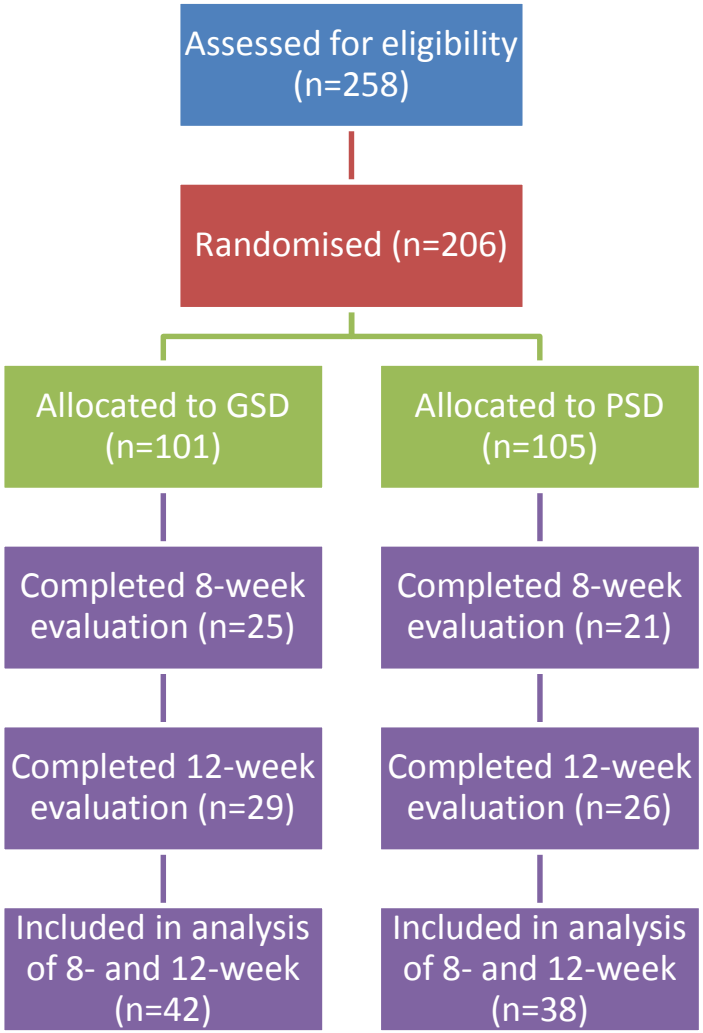
Explore the acceptability and feasibility by both users and guides; and the degree to which the program could be effectively integrated into clinical practice in existing Victorian gambling services

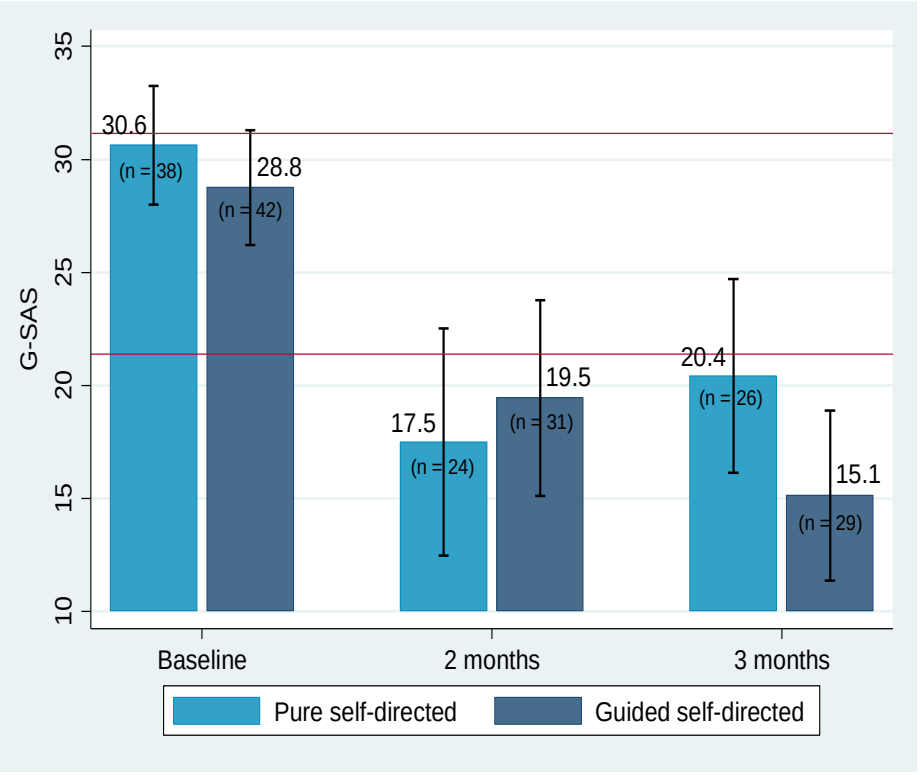
PHASE 1: DEVELOPMENT

gamblingless FOR LIFE

Module 1: Getting Ready to Gamble Less	• Aims to help people understand their gambling, increase motivation to change and define their goals
Module 2: Taking Action to Gamble Less	• Aims to help people learn new skills to reduce and stabilise their gambling
Module 3: Thinking Differently to Gamble Less	• Aims to help people learn about how gambling works and some of the tricks that are used to keep people gambling
Module 4: Gambling Less for Good	• Aims to help increase awareness of the chain of events and behaviours leading up to a relapse, so people can be prepared to maintain their goals.

PHASE 2: PILOT PRAGMATIC TRIAL





Observed mean G-SAS gambling symptom severity scores by time and treatment group

8- or 12-weeks	PSD (n=38)	GSD (n=42)	Total (n=80)
Recovered	42.1%	57.1%	50.0%
Improved	21.1%	7.1%	13.8%
Unchanged	34.2%	33.3%	33.8%
Deteriorated	2.6%	2.4%	2.5%

Clinically significant change for G-SAS gambling symptom severity by treatment group

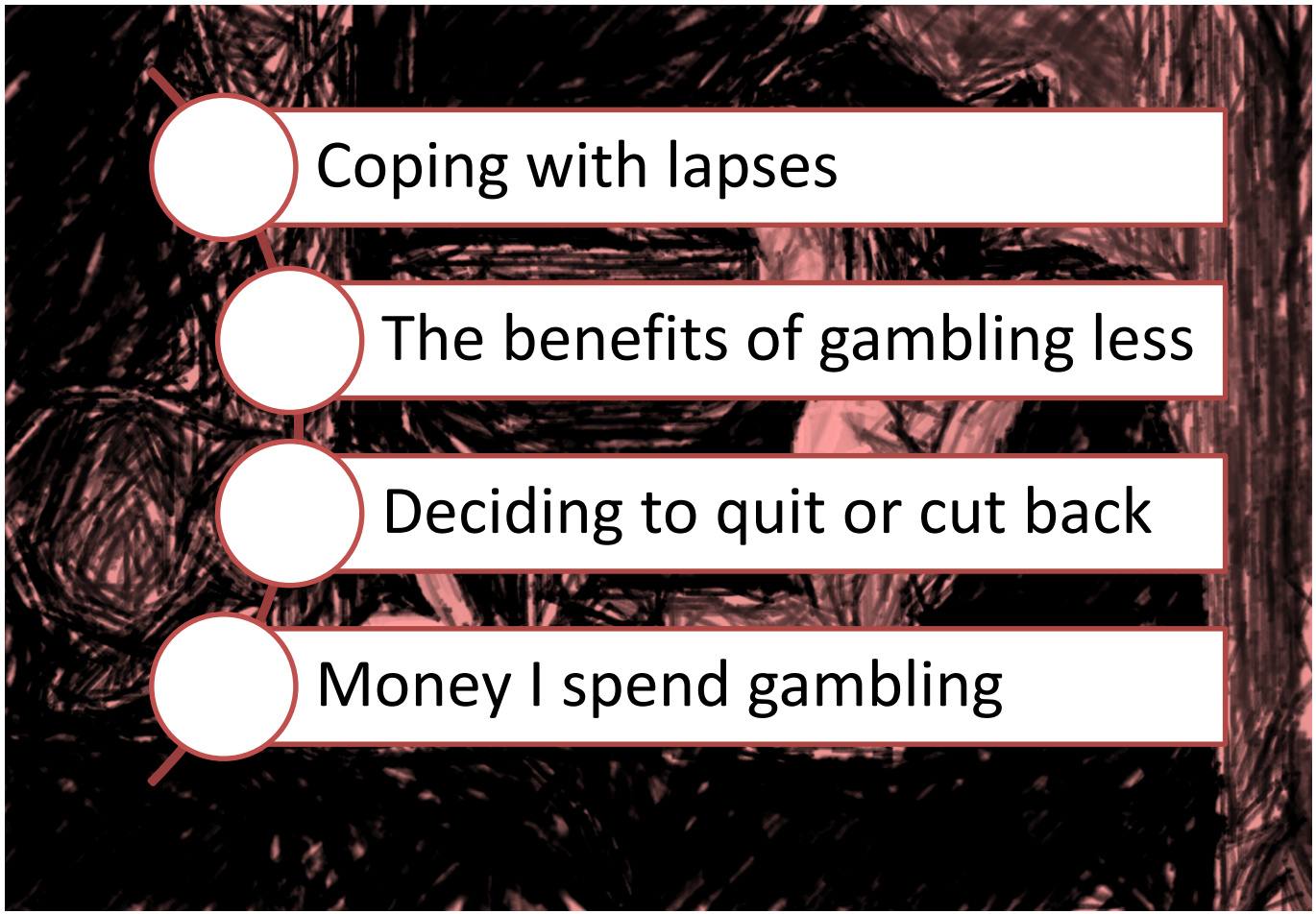
Secondary Outcomes

Between PSD and GSD groups	Improvement across time
No differences on almost all secondary outcome measures at the 8- or 12-week evaluations	Significant improvements in gambling urges, gambling frequency, and psychological distress at the 8- and 12-week evaluations
GSD greater reduction in gambling frequency (12-week) and a higher rate of low-intensity help-seeking (8-week)	Significant improvements in gambling expenditure and quality of life at the 8-week, but not the 12-week, evaluation

PHASE 3: ACCEPTABILITY AND FEASIBILITY

gamblingless FOR LIFE

Most helpful activities



Internet Evaluation and Utility Questionnaire	Agreement
Comprehensive information	82
Good mode of delivery	78
Easy to use	76
Credible program	76
Would use again	74
Convenient	71
Useful information	70
Enjoyed the program	69
Satisfied with the program	68
Layout	65
Interesting	59
Good fit	58
Concerned about privacy	15

Additional Needs

I want to learn some skills to keep from returning to gambling	I would like to improve my physical health	I want to learn how to relax better	I want to find enjoyable ways to spend my free time	I want help in overcoming boredom
I want to have healthier relationships	I want to help to decrease my stress and tension	I want to learn how to solve problems in my life	I need help in getting motivated to change	I want help with feelings of loneliness
I want help with depression or moodiness	I want to learn how to express my feelings in a more healthy way	I would like to learn how to manage my time better	I want help in setting goals and priorities in my life	I want help with angry feelings and how I express them
I want to work on my spiritual growth	I want help with sleep problems	I want to talk about some personal problems		
I want advice about financial problems	I want help to stop or decrease my use of alcohol, tobacco or other drugs	I want help with legal problems		

User and Guide Interviews

Helpful and effective

Support and encouragement important

Low levels of user engagement

More information on user access and progress

Mixed views about intensity

Recommendations

The program could be developed into more brief and targeted interventions

Users may benefit from a more individualised approach according to their needs

The program may benefit from additional strategies to enhance motivation for program engagement

3. The translation of GamblingLess for the VRGF website redevelopment and the adaptation of this program into a cutting-edge “just-in-time” intervention.

VRGF: REDEVELOPMENT OF GAMBLINGLESS

- Redevelopment of GAMBLINGLESS for translation to VRGF website
- Target audience = people experiencing gambling-related harm
- Focus was on:
  - Brief intervention
  - Tailored to individual needs
  - Engagement and interactivity

I want to understand my gambling and how it compares to other people

I am just starting to think about the idea of gambling less

I want to learn strategies to help me get immediate control over my gambling

I only just have my gambling under control but want it to stay that way

I want to learn how to cope with my urges to gamble

My gambling has improved but I want to avoid unplanned gambling episodes in the future

Home

Jeff

LEVEL 3

10

Recommended Next Activity

Taking action to gamble less

My Budget

+1

SUN THU FRI SAT

MODULES

Search activities

Tools and resources
3 of 6

Understanding my gambling
3 of 6

Getting ready to gamble less
10 of 17

Taking action to gamble less
4 of 5

Taking action to continue...
7 of 17

Manage my gambling urges
8 of 17

Understanding my Gambling

Assessing my gambling

Money and time I spend gambling

My gambling harms

My reasons for gambling

My gambling triggers

Getting Ready to Gamble Less

My readiness to gamble less

The benefits of gambling less

Knowing my values

My confidence to gamble less

Knowing my strengths

Deciding to quit or cut back

Getting Immediate Control Over My Gambling

My previous strategies to gamble less

Limiting access to gambling venues

Limiting access to money

Resisting social pressures to gamble

Guidelines to gambling safely

Taking Action to Gamble Less

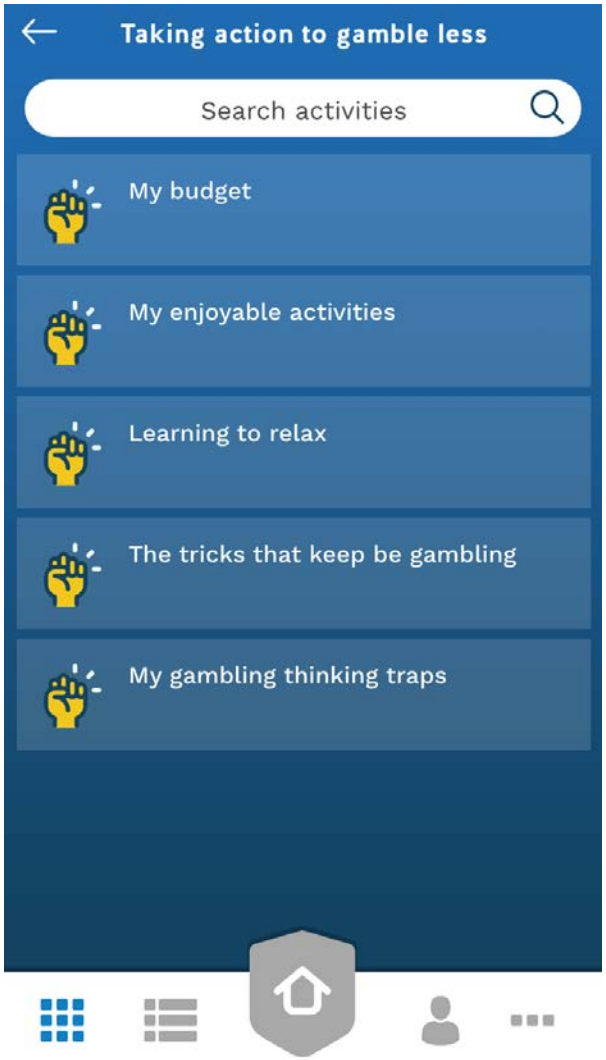
My budget

My enjoyable activities

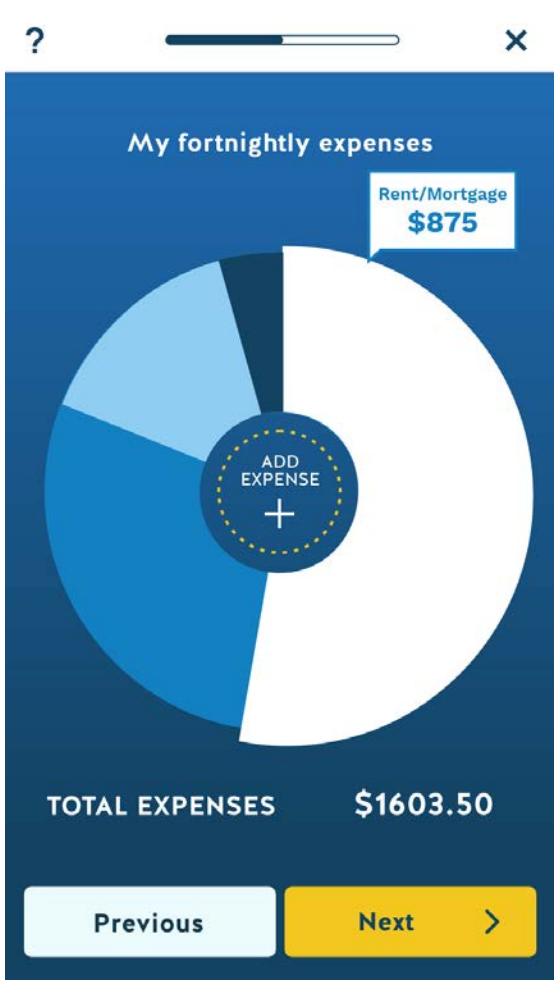
Learning to relax

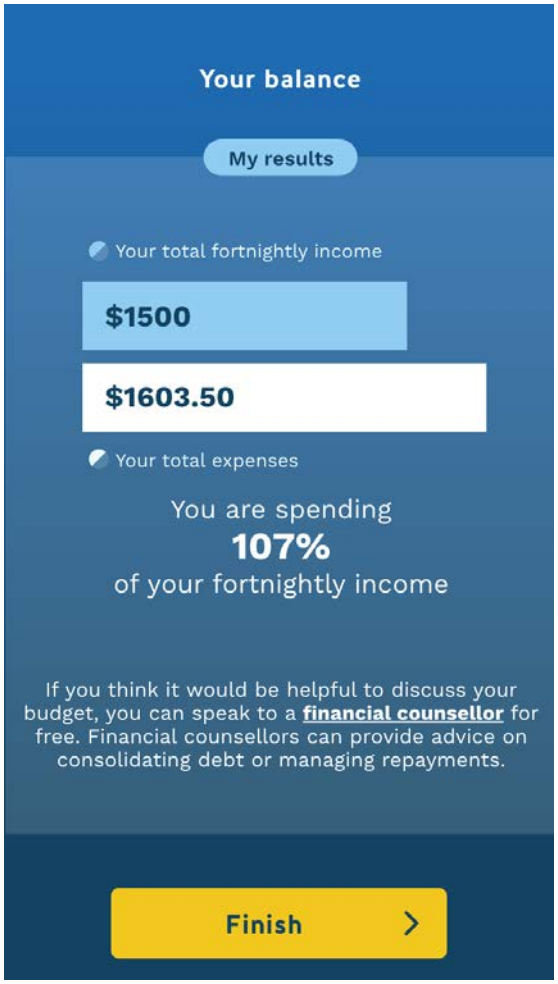
The tricks that keep me gambling

My gambling thinking traps



My Budget: Prototype





My Gambling Thinking Traps: Prototype

My Enjoyable Activities: Prototype

Coping With Gambling Urges

My previous attempts to manage my gambling urges

The three D's: delay, distract, and discuss

My brief relaxation strategies

My brief imagery strategies

How I rationalise my gambling

Urge surfing

My urge management reminder card

Gambling Less for Good

My high-risk situations

My seemingly irrelevant decisions

My willpower breakdown

My decision consequences

Learning from my lapses

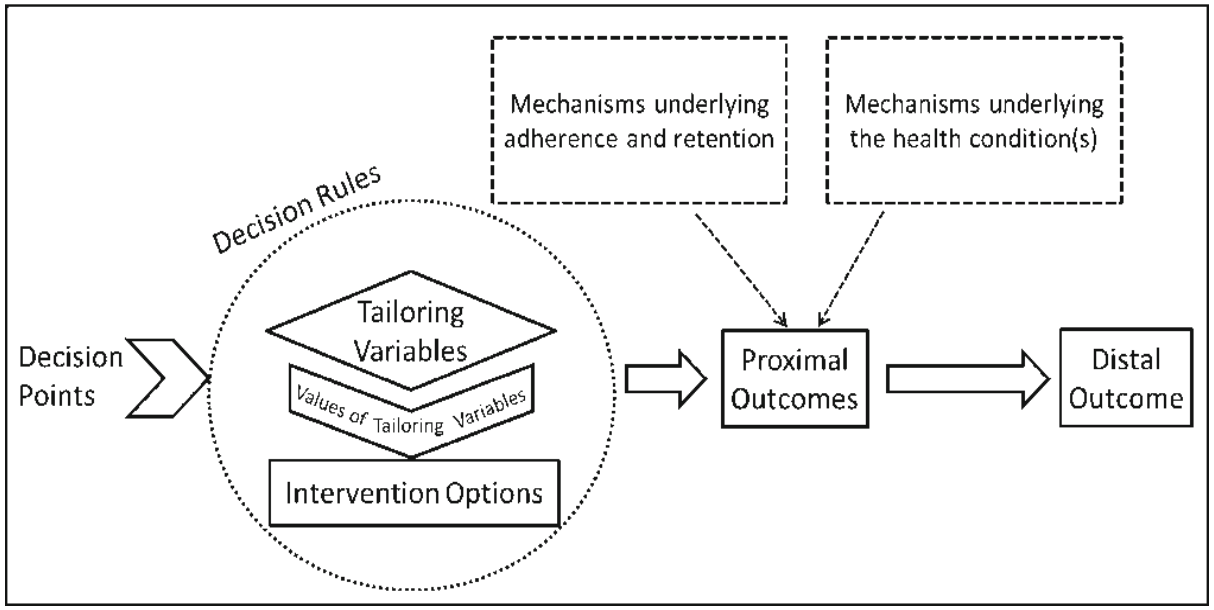
Just In Time Adaptive Interventions

The right amount of support
whenever and wherever it is needed

Target factors that can rapidly change over time, such as behavior, mood, thoughts, location and social context

They can be tailored to individual needs via real-time assessment of these factors via mobile devices

At each assessment, a sequence of decision rules specify the intensity or type of real-time treatment that is administered according to the assessment results



Effective just-in-time interventions appear simple to the people receiving them even though they are based on a set of complex components

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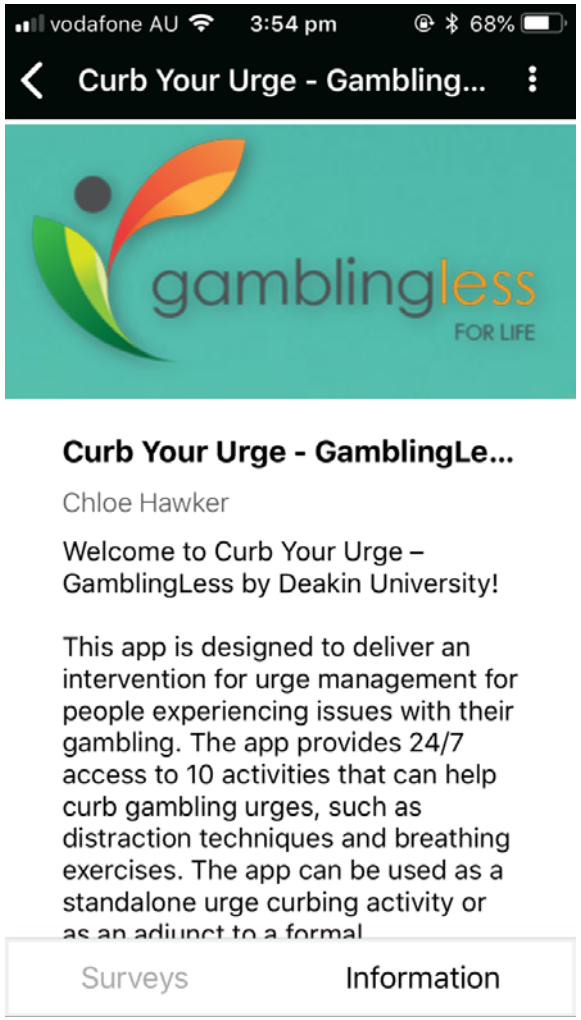
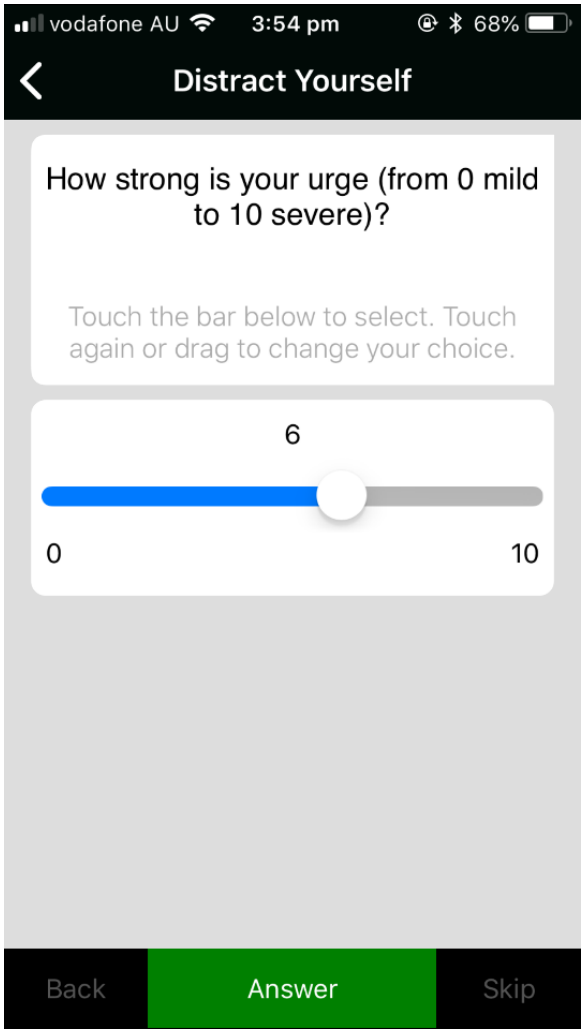
GAMBLINGLESS CURB YOUR URGE: A JITAI





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Distract Yourself

Do something else to keep your mind off gambling. Choose something that takes all of your concentration, is easy to do, and lasts for a while.

Need help? Do something:

Around the house, such as gardening or washing the car.
Alone, such as go to a movie or a park.
Creative, such as drawing or taking some photos.
Social, such as phone a friend or volunteer.
For yourself, such as give yourself a facial or eat a healthy meal.
Physical, such as go for a walk or ride a bike.

Back | Okay

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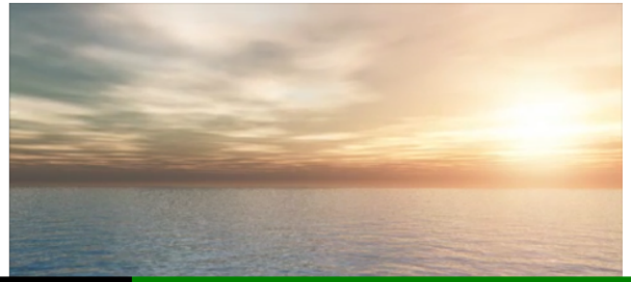
Urge Surfing

Urges to gamble are like waves. Try 'riding the wave' until it passes using an urge surfing exercise.

In this exercise, you will need to take a look at how you experience this urge. It might involve thoughts? Actions? Physical sensations?

Now let's learn to ride the wave… This is a 3-minute urge surfing mindfulness meditation.

Use this over and over again until the urge subsides.



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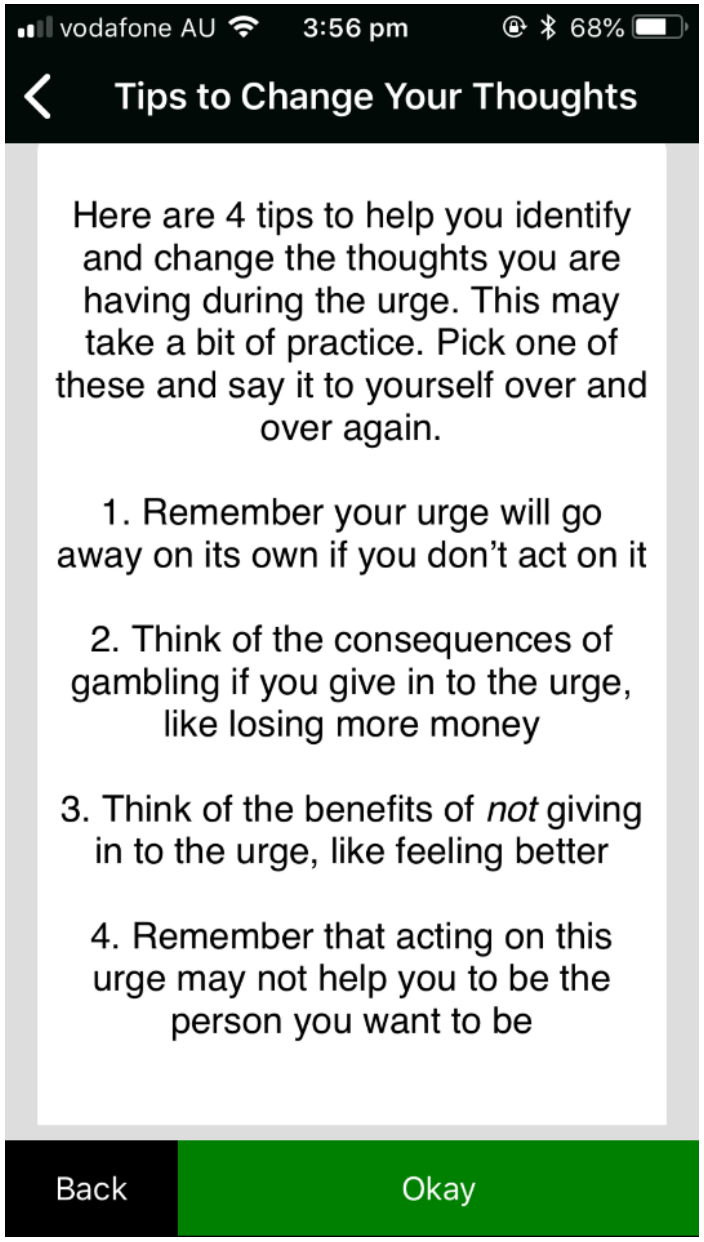
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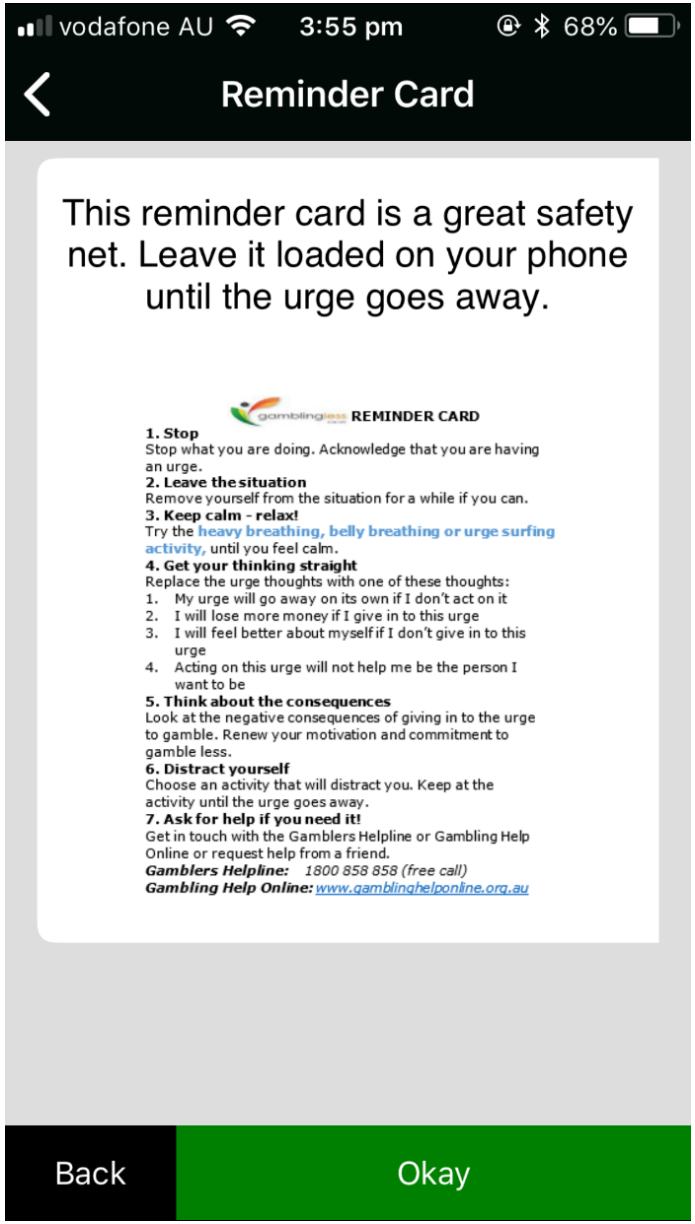
Tips to Change Your Thoughts
Here are 4 tips to help you identify and change the thoughts you are having during the urge. This may take a bit of practice. Pick one of these and say it to yourself over and over again.
1. Remember your urge will go away on its own if you don't act on it
2. Think of the consequences of gambling if you give in to the urge, like losing more money
3. Think of the benefits of *not* giving in to the urge, like feeling better
4. Remember that acting on this urge may not help you to be the person you want to be
Back
Okay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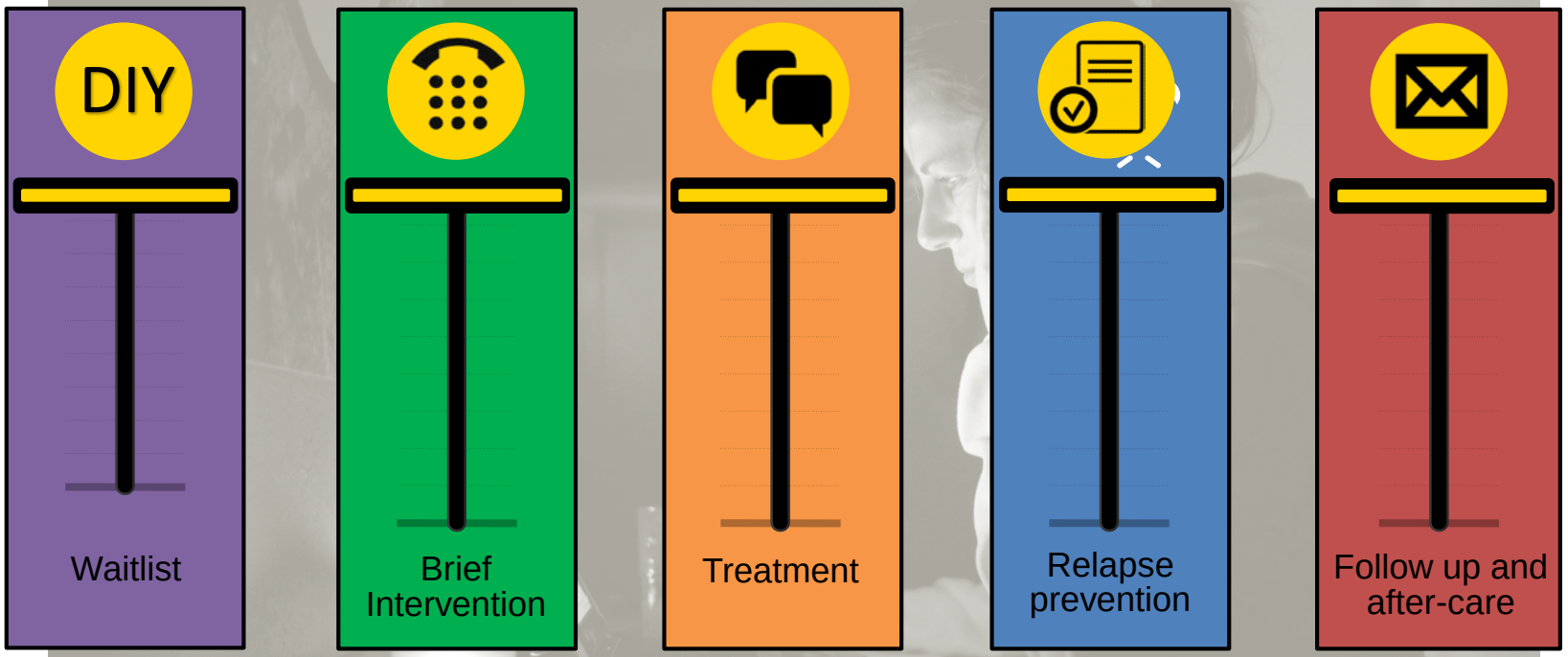
Reminder Card
This reminder card is a great safety net. Leave it loaded on your phone until the urge goes away.
gamblingless REMINDER CARD
1. Stop
Stop what you are doing. Acknowledge that you are having an urge.
2. Leave the situation
Remove yourself from the situation for a while if you can.
3. Keep calm - relax!
Try the heavy breathing, belly breathing or urge surfing activity, until you feel calm.
4. Get your thinking straight
Replace the urge thoughts with one of these thoughts:
1. My urge will go away on its own if I don't act on it
2. I will lose more money if I give in to this urge
3. I will feel better about myself if I don't give in to this urge
4. Acting on this urge will not help me be the person I want to be
5. Think about the consequences
Look at the negative consequences of giving in to the urge to gamble. Renew your motivation and commitment to gamble less.
6. Distract yourself
Choose an activity that will distract you. Keep at the activity until the urge goes away.
7. Ask for help if you need it!
Get in touch with the Gamblers Helpline or Gambling Help Online or request help from a friend.
Gamblers Helpline: 1800 858 858 (free call)
Gambling Help Online: www.gamblinghelponline.org.au
Back
Okay

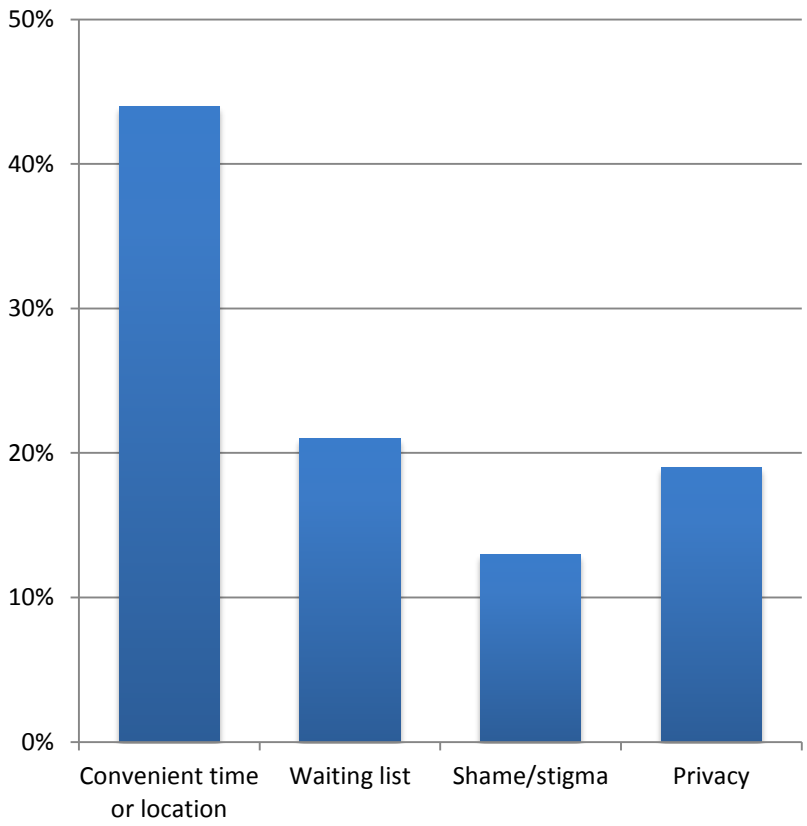
4. A discussion of the integration of online self-directed interventions into existing service systems and developments in e-therapy



Clinical use of internet options

The aims of your intervention drive the technology. Know the aim and then add technology.

The aims of your intervention drive the technology. Know the aim and then add technology



Why access during business hours?

- **Privacy issues (e.g. they knew the local service provider), geographic location or child minding issues**

Why after-hours?

- **Unable to attend face-to-face services at a mutually convenient time**

Number of sessions?

- **Participants completed an average of five sessions, with 129 (56%) completing four or more sessions, 61 completing 2–3 sessions (26%), and 40 completing one session (18%).**

Rodda, S. N., & Lubman, D. I. (2012).

Your potential role with Internet therapy

- As a source of information (referral to relevant & reliable materials)
- Guidance and instruction (identification of key problems areas to work on)
- Support and encourage change
- Review of progress (outcome measures, more help)

Considerations for setting up a new service

WHO

Decide the target market: Youth, remote, isolated, outside business hours?

WHAT

TECHNOLOGY

Chat, email, telephone, Video-conference, SMS, website or self-help?

WHAT

INTERVENTION

Waitlist, BI, Treatment, RP, after-care? Duration of each session? Duration of episode of care?

HOW

PROMOTION

How do clients find out about the service? How are they referred to the service?

HOW

TERMS AND CONDITIONS

How do clients consent? When?

HOW

CLIENT ACCESS

Anonymous vs Appointment

Are there limits to who can use the service: suicidal ideation or ability to read and write in English language?

WHEN

SCREENING & ASSESSMENT

1. When is screening undertaken?
2. Will screening be conducted to ensure the program fits the client preferences and expectations?
3. Will brief measures be used that are relevant to the client and to the service provider?

WHY

1. Deliver services to a greater number of clients at a time they need them and at an appropriate amount.
2. Make it easier to overcome barriers to treatment such as shame, embarrassment and logistics.
3. Use evidence based approaches that we know work.
4. Clients expect to access at least some of their treatment online.
5. Because it can make a difference.

New frontiers in e-mental health

Blended interventions: Treatment programs that use elements of both face-to-face and Internet-based interventions (Erbe et al., 2017)

Integrated blended interventions

- **With face-to-face focus: Based on an face-to-face intervention that is complemented or partly replaced by Internet intervention; face-to-face and Internet-based elements are provided within the same period.**

- **With Internet focus: Based on Internet interventions that partly replaced or complemented by face-to-face sessions; face-to-face and Internet-based elements are provided the same period.**

Integrated blended interventions

- **Sequential blended interventions with Internet, then face-to-face: Arrange the Internet intervention part before the face-to-face treatment, such as within stepped care.**

- **Sequential blended interventions with face-to-face, then Internet: Arrange the Internet intervention part after the face-to-face treatment as in an aftercare program.**

The evidence: Integrated blended interventions

- Compared with stand-alone face-to-face therapy, blended therapy may:
  - save clinician time,
  - lead to lower dropout rates and greater improvement of symptoms
  - help maintain initially achieved changes within treatment over the long-term
- However, whether this approach is superior to face-to-face or internet alone needs to be investigated.

Resources

Abbott et al., (2018). Brief telephone interventions for problem gambling: a randomized controlled trial. Addiction, 113(5), 883-895.

Chebli, et al., (2016). Internet-based interventions for addictive behaviours: a systematic review. Journal of gambling studies, 32(4), 1279-1304.

Erbe, et al., (2017). Blending Face-to-Face and Internet-Based Interventions for the Treatment of Mental Disorders in Adults: Systematic Review. Journal of Medical Internet Research, 19(9).

Gainsbury, & Blaszczynski, (2011). A systematic review of Internet-based therapy for the treatment of addictions. Clinical psychology review, 31(3), 490-498.

Hoermann., et al., (2017). Application of Synchronous Text-Based Dialogue Systems in Mental Health Interventions: Systematic Review. Journal of Medical Internet Research, 19(8).

Rodda, & Lubman, (2012). Ready to change: A scheduled telephone-counselling program for problem gambling. Australasian psychiatry, 20(4), 338-342.

Rodda, & Lubman, (2014). Characteristics of gamblers using a national online counselling service for problem gambling. Journal of gambling studies, 30(2), 277-289.

Rodda, et al,. (2017). Does SMS improve gambling outcomes over and above access to other e-mental health supports? A feasibility study. International Gambling Studies, 1-15.

Rodda, et al., (2018). Gamblers seeking online help are active help-seekers: Time to support autonomy and competence. Addictive Behaviors.

Savic, et al., (2018). Making multiple 'online counsellings' through policy practice: an evidence-making intervention approach. International Journal of Drug Policy, 53, 73-82.

Sucala, et al., (2012). The therapeutic relationship in e-therapy for mental health: a systematic review. Journal of Medical Internet Research, 14(4).

Wilson, et al., (2018). The personal impacts of having a partner with problematic alcohol or other drug use: descriptions from online counselling sessions. Addiction Research & Theory, 26(4), 315-322.

Resources

Merkouris, et al., (2017). GAMBLINGLESS: FOR LIFE study protocol: a pragmatic randomised trial of an online cognitive–behavioural programme for disordered gambling. BMJ open, 7(2), e014226.

Rodda, S. N., Abbott, M. W., Dowling, N. A., & Lubman, D. I. (2017). Workforce Development and E-Competency in Mental Health Services. In Workforce Development Theory and Practice in the Mental Health Sector (pp. 284-301). IGI Global.

Two publications on the Australian Gambling Research Centre Site:

https://aifs.gov.au/agrc/publications/online-and-demand-support-people-affected-problem-gambling

https://aifs.gov.au/agrc/publications/online-counselling-problem-gambling