

Online treatment for Gambling Disorders

Internet-based interventions for Problem Gambling

Daniela Lobo, M.D., Ph.D.,
FRCPC

January 26th, 2021

camh



Learning Objectives

1. Summarize the evidence regarding online treatment for gambling disorders.
2. Identify issues related to implementation including barriers to access to technology, privacy concerns and conducting safety risk assessments.

AGENDA

1

Type and
number of
studies

2

Characteristics
of samples

3

Main
findings

4

Gaps and
challenges

5

Limitations

Daniela Lobo, M.D., Ph.D., FRCPC

**Staff Psychiatrist, Addictions Division
Assistant Professor, University of Toronto**

Disclosures

- No conflicts of interest to declare.

Review

Internet-Based Interventions for Problem Gambling: Scoping Review

Mark van der Maas, PhD; Jing Shi, MSc, OT Reg; Tara Elton-Marshall, PhD,
David C Hodgins, PhD; Sherald Sanchez, BA; Daniela SS Lobo, MD, PhD,
FRCPC; Sylvia Hagopian, BA; Nigel E Turner, PhD

Centre for Addiction and Mental Health, Toronto, ON, Canada

Rehabilitation Sciences Institute, University of Toronto, Toronto, ON, Canada

Dalla Lana School of Public Health, University of Toronto, Toronto, ON,
Canada

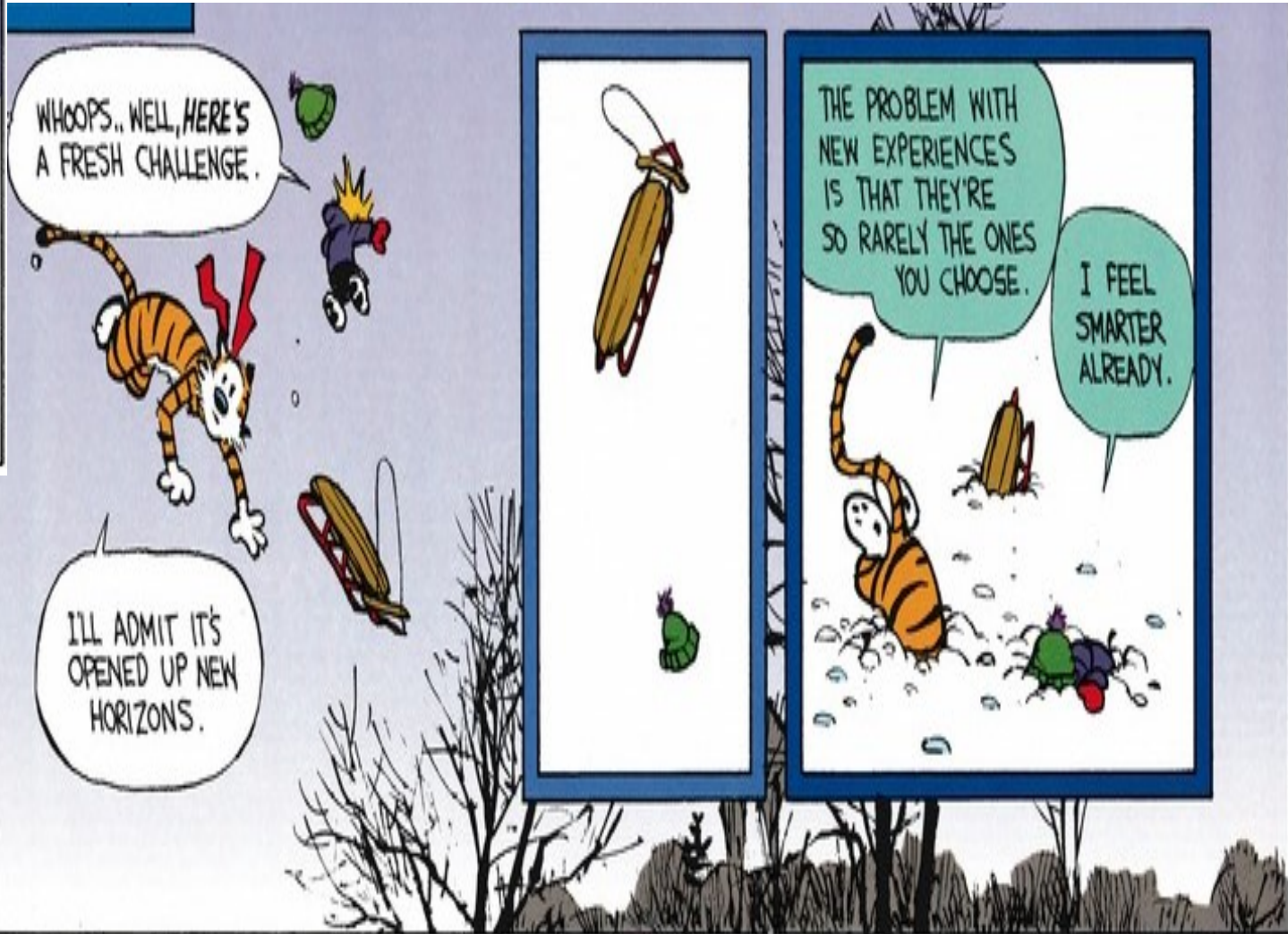
Department of Epidemiology and Biostatistics, Western University, London,
ON, Canada

School of Public Health and Health Systems, University of Waterloo, Waterloo,
ON, Canada

Department of Psychology, University of Calgary, Calgary, ON, Canada

Department of Psychiatry, University of Toronto, Toronto, ON, Canada

And then 2020 came along....



1

Type and number of studies

Type and number of studies reviewed

- 6 peer-reviewed databases + manual search = 399 individual studies
- Studies excluded: no interventions for PG, interventions did not use the Internet, no original research, did not discuss the result of an intervention
- Final number of studies included = 27

Types of interventions included

- One-on-one counselling with mental health professional
 - Video or voice-only
 - Live chat
 - Email contact
- Self-help tools
- Peer-to-peer support
- Educational tools

- Interventions using mobile apps or mobile devices were excluded

Types of interventions

- 1-1 counselling with trained therapist (7)
 - Videoconferencing, telephone, email, chat
- CBT – 3 wks to 3 months (7)
- Group discussions with clients and MH professionals
- Prevention and early intervention
 - Pop-up messages (1)
 - Online responsible gambling tools (5)
 - Education materials (2)

Types of interventions

- 7 RCT studies
 - 5 – improvement compared to no-treatment controls
 - 1 – non-help seeking participants, no improvement – CBT
 - 1 – normative feedback
- Attrition rates: 38 to 83%

Characteristics of samples

Characteristics of samples

- Clients of existing gambling help websites (13)
- Media advertising (4)
- Grade 9 students from one high-school (1)
- Majority males (50 to 90%)
- 2 studies with exclusively female samples
- Mean age 31.9 – 56, one study with minors
- PG assessed through clinical assessments or screening tools (majority online data collection)

King et al., *Journal of Behavioral Addictions*, 2020

Main findings

Main findings

- Internet used to modify or extend existing forms of treatment
- Most common therapy: CBT (6/27)
- Other therapies: MI, monitoring feedback & support, exposure therapy
- Most interventions showed significant reductions in PG scores, time and money spent
- Increased access to treatment

Main findings

- Use of data from online gambling or treatment environments to improve responsible gambling practices (2)
- Females highly receptive to online interventions (3) – allows for women from different locations to participate in women-only groups
- Very little consideration of impact of age on use of internet-based interventions

Gaps and challenges

Gaps and challenges

- High attrition rates
 - Similar rates to face-to-face studies, but different definitions and inconsistent tracking of dropouts
 - Persons who are not ready to use the service
 - Convenience vs. rate of completion
 - 1 CBT study found higher drop-out (47.7%) compared to a similarly structured in-person program (18.6%)
- Deficit in rapport?
 - Decreased ability to detect facial expressions and body language

Gaps and challenges

- Self-report PG tools vs. diagnostic accuracy of in-person interviewing
- Anonymity: increase accessibility vs. difficulty of tracking progress
- Multiple concurrent accounts, delete accounts and create new – problems with data
- Need to replicate findings – new 2020/21 studies?
- No comparison between online and in-person interventions
- Concurrent disorders???

Limitations

Limitations of this review

- Search not as exhaustive as of systematic reviews
- Not able to assess quality of evidence
- No mobile device-delivered interventions
- English-only studies
- Selection biased towards treatment vs. prevention
- How will these studies compare to online treatment provided in 2020/21?

ZOOM FATIGUE
SYNDROME
SUPPORT GROUP

ORIG. BY: [unreadable]
KIERDA



Thank You

camh

Gambling, Gaming and Technology Use (GGTU)

Website: <https://learn.problemgambling.ca/>

Subscribe to our Newsletter!

Join the GGTU Community of Interest!

The logo for CAMH (Centre for Addiction and Mental Health) is displayed in white lowercase letters on a black rectangular background.