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Internet-based treatment for
problem gamblers

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- Outpatient treatment (free of charge) in Netherlands
- Telephone helpline (AGOG / HANDS)
- Self help groups
- Some therapists and counselors work with PG

- Shortage of skilled therapists and treatment centres
- Internet penetration is high in the Netherlands and the costs are low
- The costs for administration are low compared to other forms of treatment
- Treatment via Internet is democratic

Why treatment via the
Internet? (1)

■ Although PG is associated with *anxiety, depression* and *low quality of life*; only 4-8% seek treatment. Some reasons:

- Cost
- Shame

■ Internet-based self-help has worked very well for panic disorder, social phobia etc.

■ Not to replace the present treatment facilities, but to reach out to the other gamblers

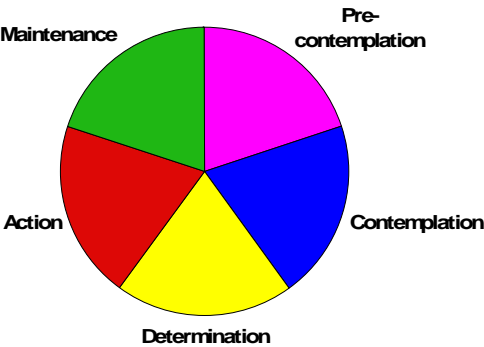


Why treatment via the
Internet? (2)

- The Internet self help manual is based upon a manual developed by the Spelinstitutet.

We were inspired by:

- ✓ **Motivational Interviewing.** Miller & Rollnick. Use of MI as a technique in the daily work on the national hotline in Sweden
- ✓ **“Becoming A Winner: Defeating Problem Gambling, a gambling self-help manual.** Hodgins and Makarchuk
Gambling research project University of Calgary and
Addiction Centre-Calgary Regional Health Authority



- The research project in which the manual is tested and evaluated is financed by the National Institute for Public Health in Sweden and is evaluated by Per Carlbring, Ph.D., Linköping University Sweden



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Background

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Marketing

Advertising and marketing of the selfhelp treatment module

Screening

Applicants undergo screening to determine if the internet based treatment is suitable

Selection

Participants are divided in two groups (A and B), one of which will be the reference group

Pre-treatment assessment

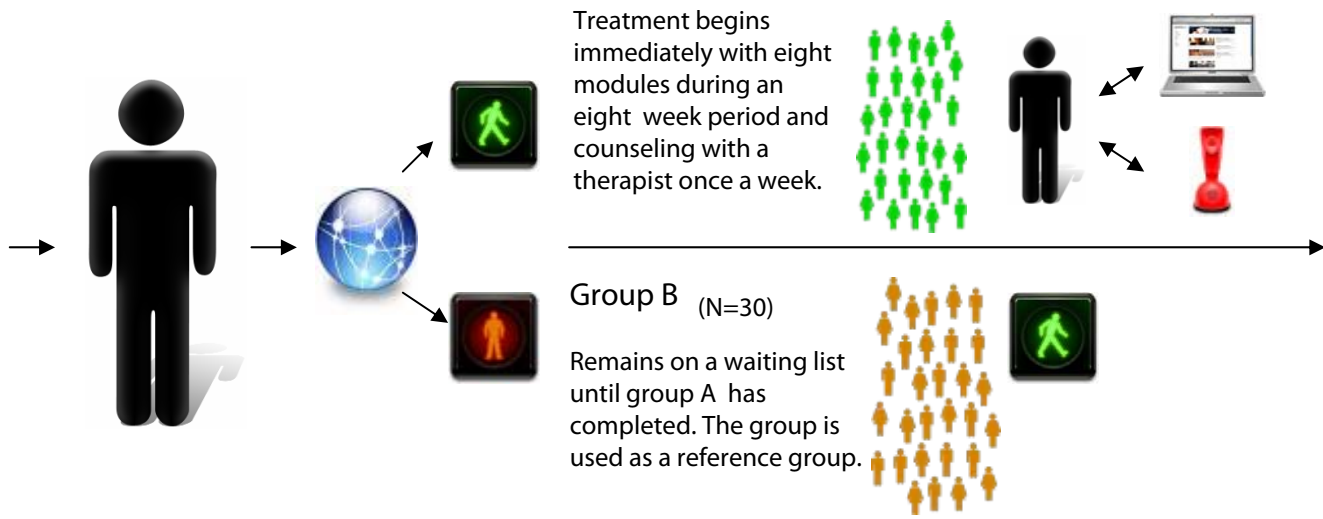
All participants undergo a pre-treatment assessment before treatment

Treatment

One group starts treatment while the other group waits

Post-treatment assessment

After treatment a follow-up, post-treatment assessment and reporting are carried out



Group A (N=30)

Treatment begins immediately with eight modules during an eight week period and counseling with a therapist once a week.

Group B (N=30)

Remains on a waiting list until group A has completed. The group is used as a reference group.



- Recruitment of applicants is conducted through several channels.

- Telephone helpline
- Advertisements / commercials
- Statements in the press
- Radio & TV
- Websites
- Self help groups and treatment facilities
- Targeted marketing

Applicants are directed to a screening tool on the Internet to determine if the Internet based treatment is suitable for them.



- Internet access
- Not being too depressed or suicidal.
- Meet criteria for pathological gambling.
- Have a current problem (having gambled at least once the past 30 days)



The screening is carried out online

- NODS (NOrc Diagnostic Screen for gambling problems)
- Help seeking behaviour
- Social situation, education, work etc
- Questions on health
- Use of alcohol and drugs
- Readiness to change; MI questionnaire
- Self reported gambling (frequency, time spent, money spent, etc)
- MADRS (Montgomery & Asberg Depression Rating Scale)
- And more

At the end: (2005)

N = 60 persons divide into two groups:

Group A (N=30) and

Group B (N=30)

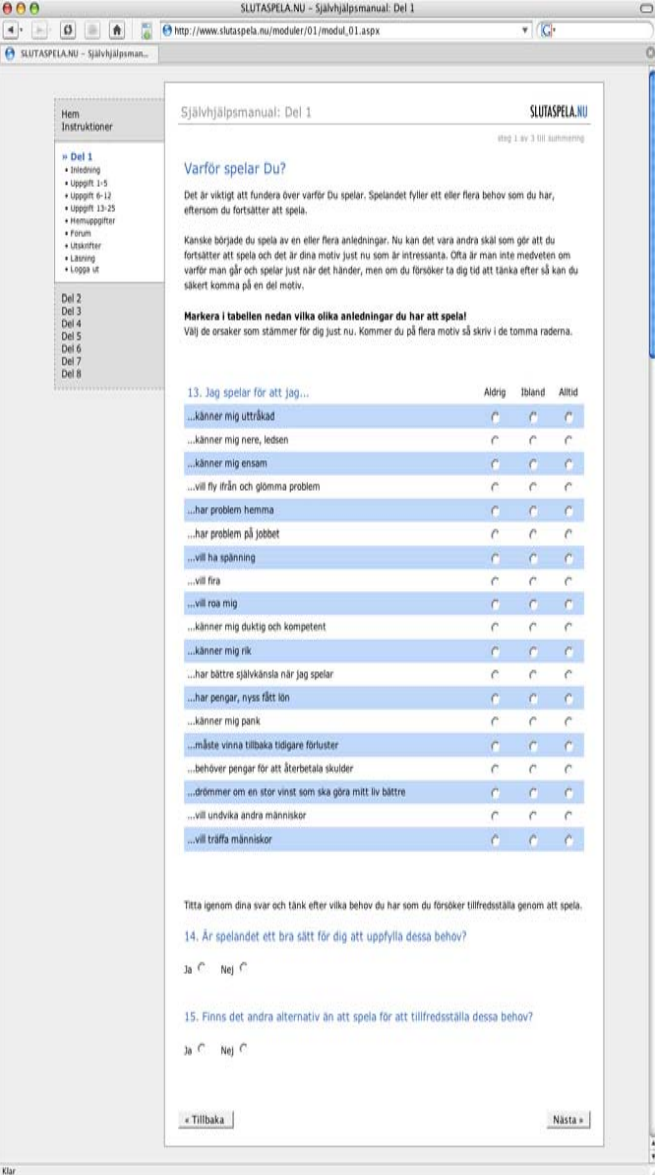


Pre-
measurement

They went through:

- HADS (Hospital Anxiety and Depression Scale)
- NODS (NOrc Diagnostic Screen for problem gamblers)
- Quality of Life Inventory
- Self reported gambling

Group A started treatment immediately and group B had to wait three months



Modules 1- 4 lead to a decision:
Stop gambling or just cut down?

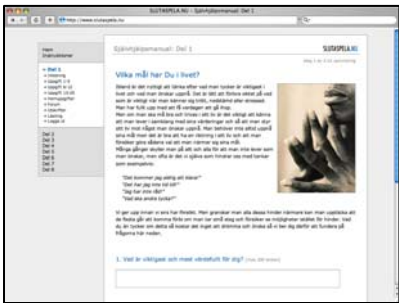
Modules 5 - 8 are the actual treatment:
Information – e.g. luck, random
Cognitive restructuring
Risk situations – stopping impulses
Sort out the economic situation
Filling the void with meaningful activities

One module per week



For the client:

- Read and do exercises described in the modules
- Provide answers to questions via e-mail
- Post a comment/statement on a bulletin board (forum)
- Talk to a counselor/CBT therapist on the phone for approximately 20 minutes / session



For the therapist:

- Therapists judges if the client is ready to go to the next module, and gives feedback



Zelfhelpboek

Voor mensen die problematisch gokken

Week 1

Behandeling = 8 onderdelen

Deze week vooral informatie over:

1. Ontwikkeling dwangmatig gokken
2. Kenmerken dwangmatig gokken
3. Doelen in het leven
4. Gokken op dit moment
5. Positieven en negatieven gevolgen
6. Waarom gok je?

Week 2

Veel dwangmatige spelers → automatische piloot

Aandacht voor impuls tot gokken

Nadenken over gokervaringen

- Waar was je en wat deed je?
- Waar dacht je aan voordat en nadat?
- Wat zijn de financiële consequenties?

Week 3

Positieven en negatieven gevolgen van het gokken

- Gevolgen voor het sociale leven
- Voor- en nadelen van het gokken
 - voordelen doorgaan
 - nadelen doorgaan
 - voordelen stoppen
 - nadelen stoppen

Week 4

Module gericht op verandering

Stoppen of minderen?

- Volledig stoppen
- Stoppen met dwangmatig gokken, doorgaan met andere gokalternatieven
- Verminderen van gokactiviteiten

Week 5

Betekenisvolle alternatieven

- Stoppen met gokken, veel tijd over
- Ontwikkelen van andere activiteiten, die de positieve kanten van gokken kunnen vervangen

Week 6

Terugval

- Hoe vermijd je om weer te gaan gokken
- Leer hoe je risicovolle situaties kunt aanpakken
 - herken risicovolle situaties
 - leer van eerdere successen
 - vermijd vertrouwde risicovolle situaties
 - accepteer hulp van je netwerk
 - stop jezelf bij drang
 - oefen met moeilijke en stressvolle situaties

Week 7

Financiën en schuldsanering

- Controle over financiële situatie
- Oplossen van schuldproblemen

Week 8

Strategieën samenvatten en op een rijtje

Memo's



Wat verlies je / riskeer je
als je toch gat gokken

Notities



Alternatief i.p.v. gokken

Enkät

http://www.slutaspela.nu

Enkät

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Enkät

Sida 25 av 35

Del 8

Här är några frågor om dina alkoholvanor.

Vi är tacksamma om du besvarar dem så noggrant och ärligt som möjligt genom att markera det alternativ som gäller för dig. Med "alkohol" menas folköl, mellan-/starköl, alkoholstark cider, vin, starkvin och sprit.

Med ett "glas" menas:

- 50 cl folköl
- 33 cl starköl
- 10-15 cl vitt eller rött vin
- 5-8 cl starkvin
- 4 cl sprit t ex whisky

79. Hur ofta under de senaste 6 månaderna har du druckit alkohol?*

- Aldrig (Om du kryssar i detta alternativ, fortsätt till fråga 83)
- 1 gång/månad eller mer sällan
- 2-4 gånger/månad
- 2-3 gånger/vecka
- 4 gånger/vecka eller mer

80. Hur många "glas" (se exempel) dricker du en typisk dag då du dricker alkohol?

- 1-2

- HADS (Hospital Anxiety and Depression Scale)
- NODS
- Quality of Life Inventory
- Self reported gambling
- Questions on how they experienced the treatment, contact with the therapist, etc



- Data are still being collected
- Much more data to analyse (lots of demographic data)
- Follow up figures after 18 months

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Results so far

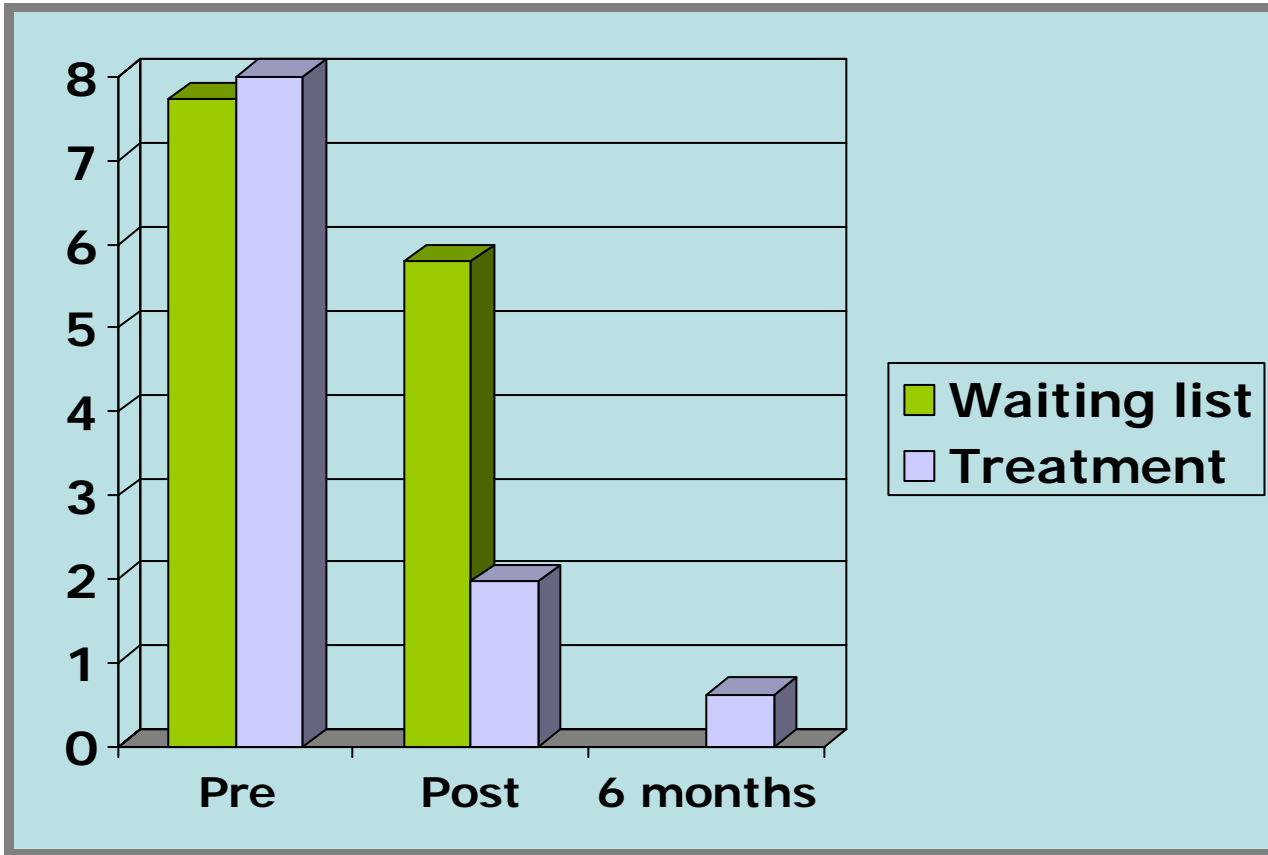


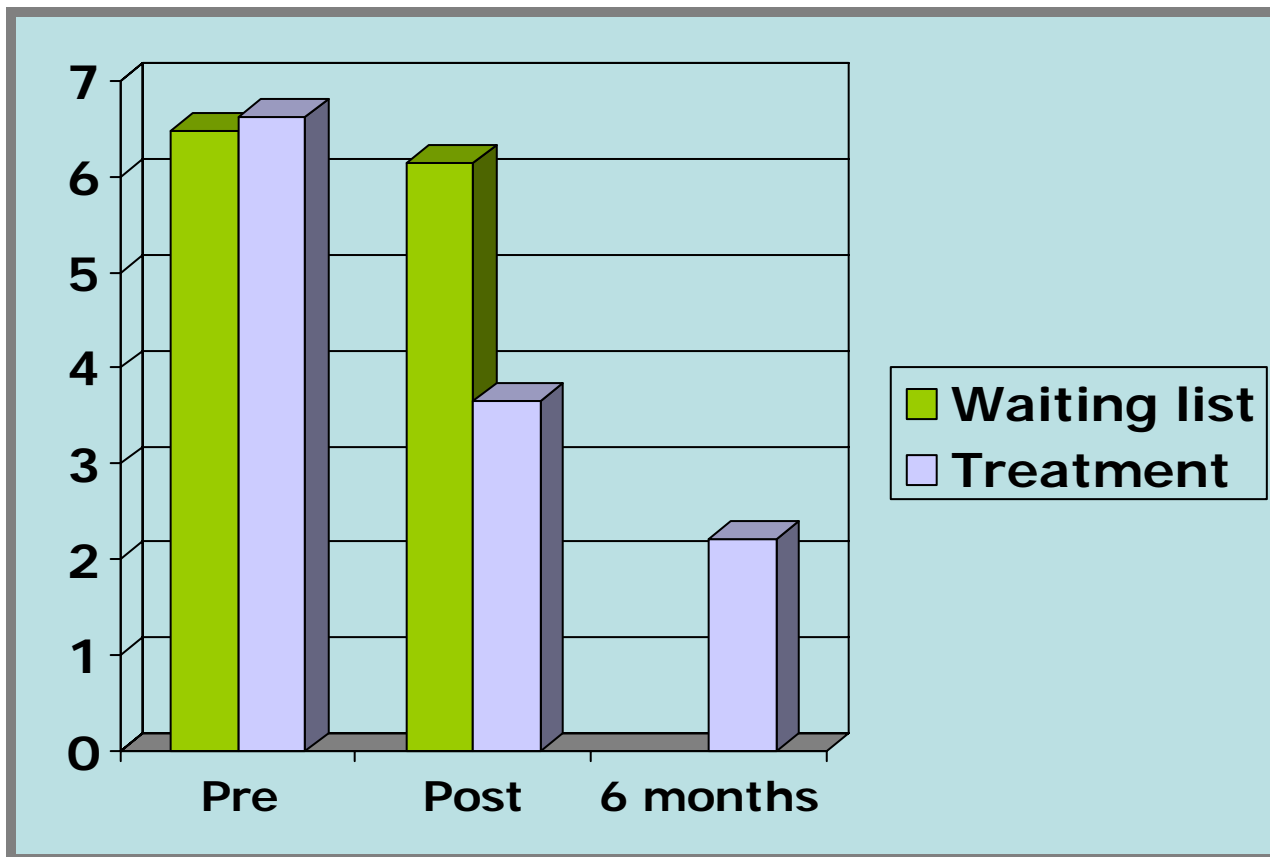
Internet poker	37 %
VLT	33 %
Betting	12 %
Horses	10 %
Casino	4 %
Bingo	3 %
(Sweden)	

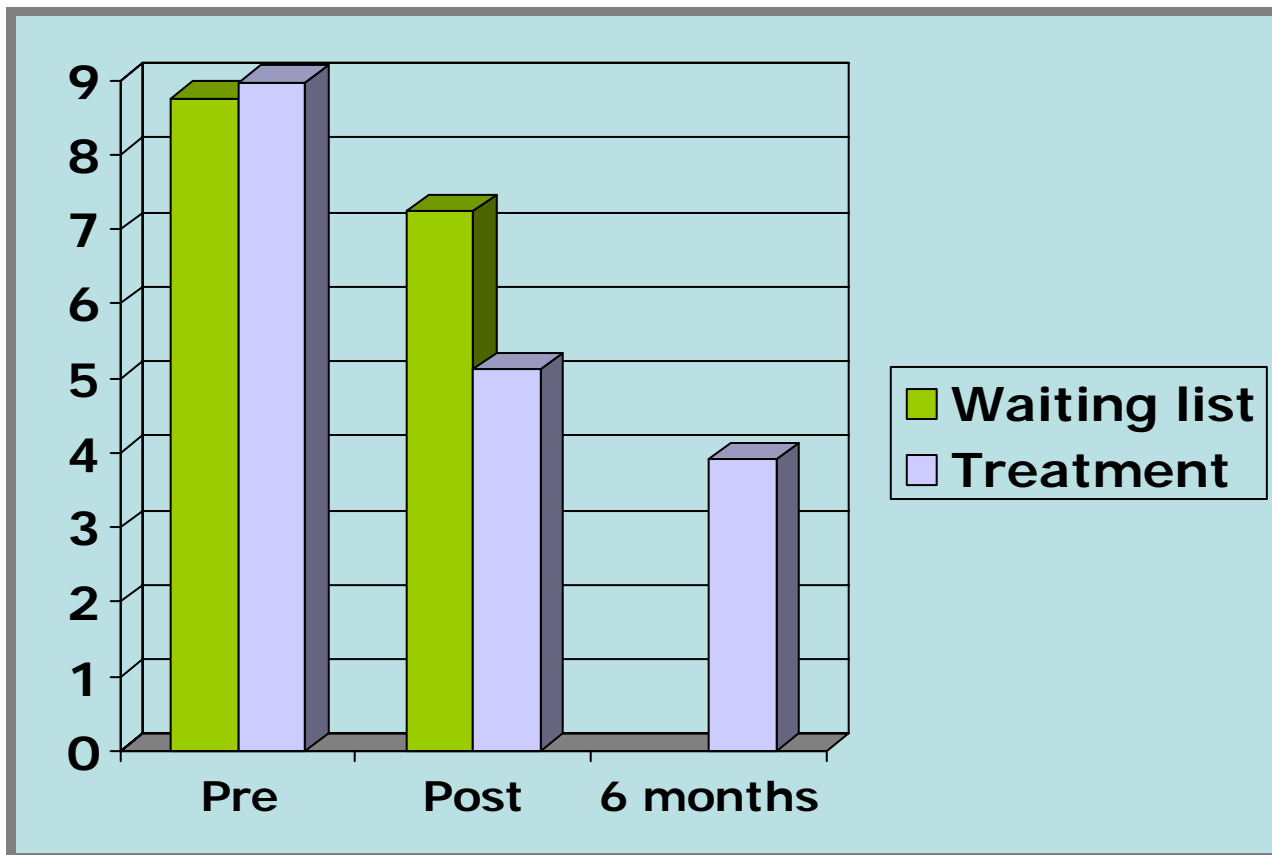


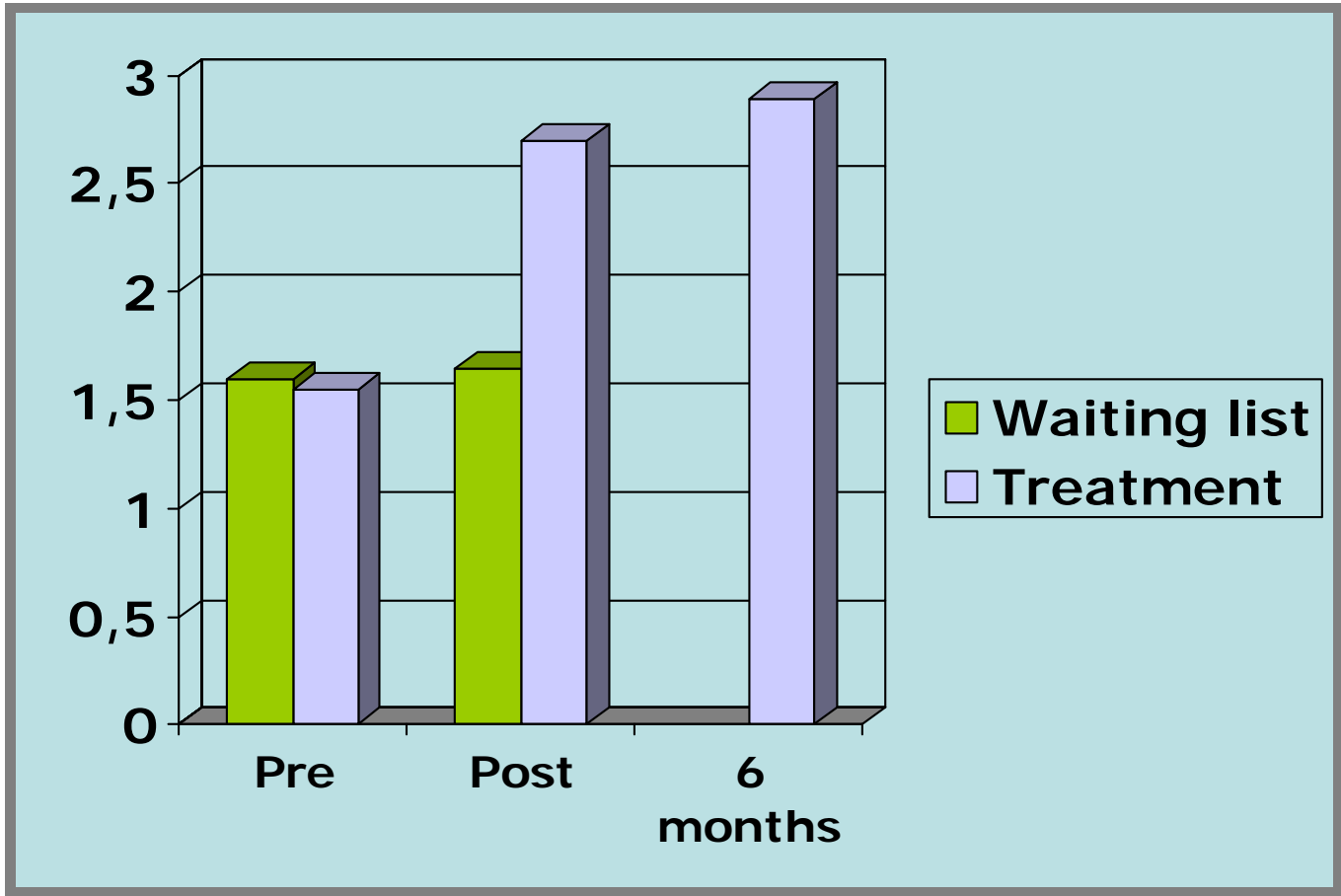
Participants gambling problems

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- More than 300 clients so far
- Staff: 1,5 fte
- Costs per client; Euro 300-350
- We are currently working on a "automatic manual" that works without a therapist

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