The WAGER, Vol. 14(2) – Can Treatment be Short and Sweet? A Comparison of Brief Interventions for Problem and Pathological Gamblers

February 11, 2009

Disordered gamblers do not typically seek treatment (Slutske, 2006). Therefore, it is important to test brief interventions because these strategies might attract more treatment-seeking gamblers than more extensive treatment. Previous WAGERs (see WAGER 13(5) and 11(9)) have reviewed some of these interventions. This week the WAGER reviews a study examining the efficacy of three types of brief interventions for disordered gamblers (Petry, Weinstock, Ledgerwood, & Morasco, 2008).

Methods:

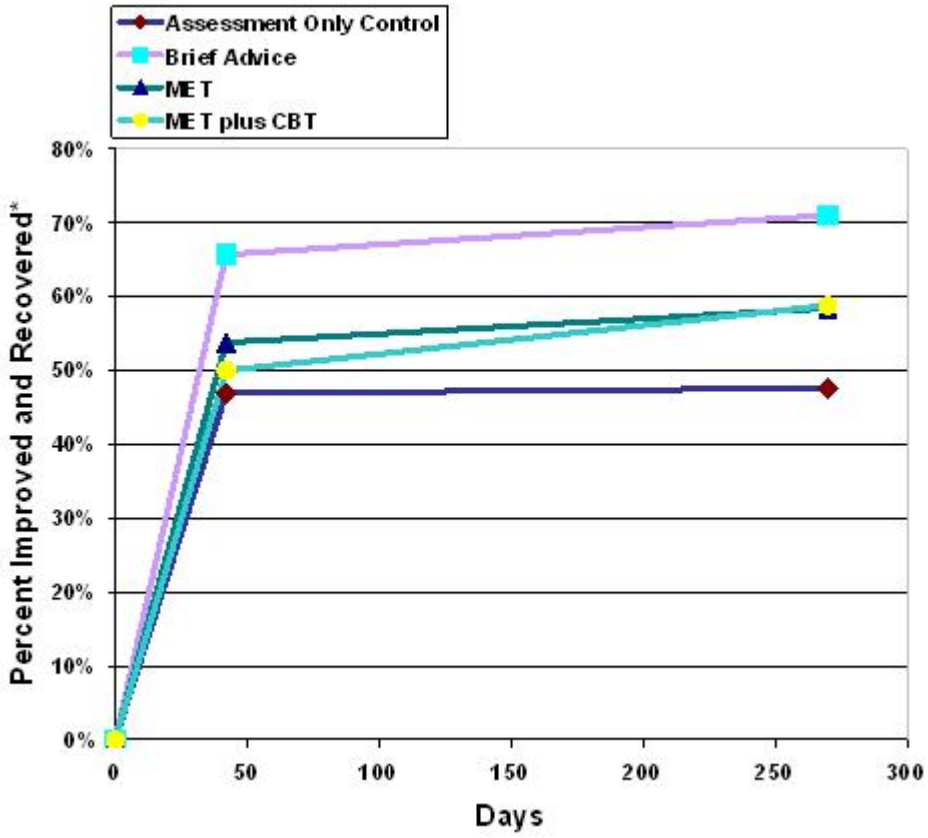
- Participants (N=180) were recruited using advertisements posted at numerous medical clinics and were eligible for this study if they endorsed > 3 South Oaks Gambling Screen (SOGS: Lesieur & Blume, 1987) items and wagered at least $100.00 on gambling on at least four occasions within the past two months.
- Participants were randomly assigned to one of four treatment groups:
    - Assessment Only Control: a baseline for comparison.
    - Brief Advice: 10 minute meeting with a therapist to discuss gambling problems, risks, and ways to avoid risk situations.
    - Motivational Enhancement Therapy (MET): 50 minute therapist session including personalized feedback about gambling's influence on goals and values and a plan to change that influence.
    - MET plus Cognitive-Behavioral Therapy (CBT): MET session and 3 CBT sessions in which therapists determined gambling triggers and strategies for coping with triggers.

- At baseline, 6 weeks, and 9 months, participants reported past month gambling expenditures and were assessed using the SOGS.
- At each follow-up, participants were classified into one of the following groups based on their SOGS scores and past month gambling expenditure:
    - Recovered and Improved (e.g., < 3 SOGS items **and/or** ≥ 30% decrease in dollars wagered).
    - Unchanged (e.g., **≥ 3** SOGS items and **< 30%** reduction in dollars wagered).

Results:

- Retention across assessments ranged from 83.7-87.5%.
- All groups, including the control group, experienced decreases in gambling.
- At 9 months, the only significant difference between pairs of groups was between the best performing group, Brief Advice, and the worst, Assessment Only Control; there were no significant differences among the other groups (See Figure 1).

Figure 1: Percentage of Participants Classified as Improved and Recovered based on Gambling Expenditure and SOGS Score at 6 Weeks and 9 Months (adapted from Petry et al., 2008).



**Recovered and Improved defined as < 3 SOGS items and/or > 30% decrease in dollars wagered. MET- Motivational Enhancement Therapy. CBT- Cognitive-Behavioral Therapy.*
Please click on image for a clearer picture, or adjust your browser's zoom settings.

Limitations:

- This study used self report.
- Recruitment advertisements were located mostly in inner-city clinics making these results difficult to generalize for all populations.

This study indicates that brief interventions can have a positive impact on gambling problems. Surprisingly, the most successful brief intervention was the most brief (e.g., the Brief Advice group). More research about the efficacy and impact of brief interventions for disordered gambling is needed. Brief advice interventions have an advantage over the others because they are cost-efficient and require less investment of therapists' time.

What do you think? Comments can be addressed to Tasha Chandler.

References:

Lesieur, H. R., & Blume, S. B. (1987). The South Oaks Gambling Screen (SOGS): A new instrument for the identification of pathological gamblers. American Journal of Psychiatry, 144(9), 1184-1188.

Petry, N. M., Weinstock, J., Ledgerwood, D. M., & Morasco, B. (2008). A randomized trial of brief interventions for problem and pathological gamblers. Journal of Consulting and Clinical Psychology, 76(2), 318-328.

Slutske, W. S. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two U.S. national surveys. American Journal of Psychiatry, 163(2), 297-302.