

Advancements in Online Self-Directed Programs to Reduce Gambling Harm

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THE UNIVERSITY OF
AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

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

Home Online Tools Gambling Information Getting Help Support For Families Contact Professionals

Welcome to Self-Help Gambling Tools

The Self-Help Tools below may be used anonymously. [Registration is free.](#)

- Introductory Video**
View a short introductory video to learn more about the Self-Help Gambling Tools.
- Gambling Quiz**
Answering these nine questions will help you understand if gambling is having a negative impact on your life.
- Monitor Your Gambling & Urges**
Use this web tool to keep track of when you gamble, or feel the urge to gamble. [Mobile App](#) also available.
- Community Forum**
The community forum is now closed. Please click the link above for more information.
- Self-Help for Those who Gamble**
Do you gamble? These interactive tools will help you explore, cut down or stop gambling.
- Self-Help for Family and Friends**
Does someone you care about gamble too much? With these interactive exercises, learn why they gamble and what you can do to help.

Professionals: [Click here](#) if your work involves helping people with gambling or technology concerns.

Learn.ProblemGambling.ca

Watch our video

Help With Gamblin...

Gambling Helpline NEW ZEALAND

Welcome Guest! To enable all features please [Login](#) or [Register](#).

Gambling Helpline

The forum posts can be viewed by anyone who visits the site. To contribute to them, you need to [register](#).

Forum

- Gambling Helpline
- Talking Point Rules and Announcements** (1 Viewing)
Talking Point Rules and Announcements
- Gamblers** (37 Viewing)
Gamblers
- Others Affected by Gambling** (3 Viewing)
Others Affected by Gambling
- Feedback**
Feedback
- Community Voices** (1 Viewing)
Community Voices

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

Method of delivery and/or content	Relevant study	Study aims/findings
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

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

Method of delivery and/or content	Relevant study	Study aims/findings
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

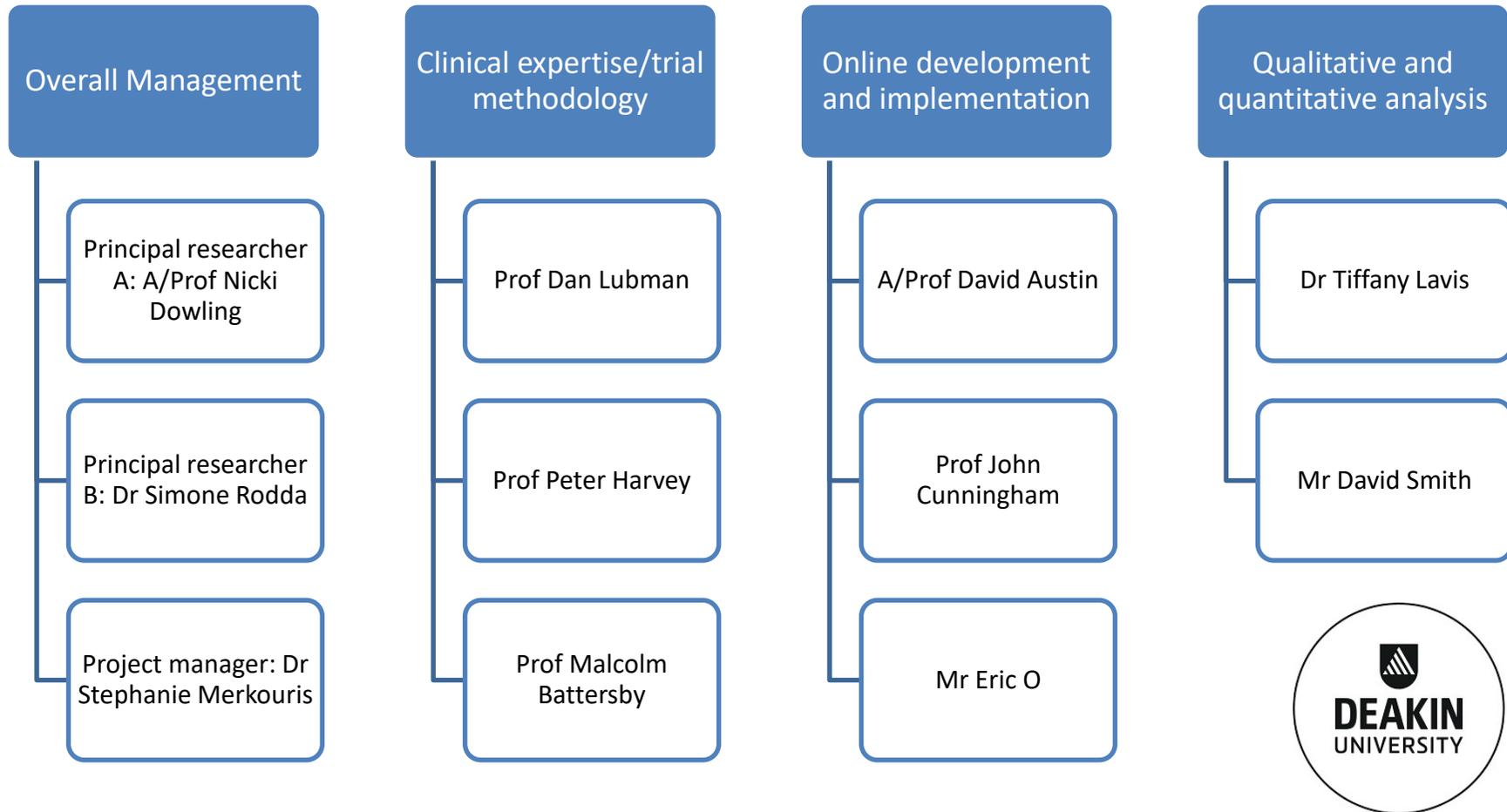
The GAMBLINGLESS Online Intervention Program: Redevelopment for translation to the gambling service system

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THE RESEARCH TEAM



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

Module 1 - Getting ready to gamble less

1. Assessing my gambling
2. Understanding my gambling
3. My reasons for gambling
4. My gambling triggers
5. My negative gambling consequences
6. Money I spend gambling
7. Keeping track of my gambling
8. Identifying the benefits of gambling less
9. Knowing my values
10. My future self
11. My readiness to gamble less
12. Deciding to quit or cut back
13. Putting it all together

[MY PROGRESS](#) [LOG OUT](#)

WELCOME TO THE
GAMBLING LESS
PROGRAM

MODULE 1: GETTING
READY TO GAMBLE
LESS

Welcome to Module
1

Activity 1:
Assessing my
gambling

Activity 2:
Understanding my
gambling

Activity 3: My
reasons for
gambling

Activity 4: My
gambling triggers

Activity 5: My
negative gambling
consequences

Activity 6: Money I
spend gambling

Activity 7: Keeping
track of my
gambling

Activity 8: Identifying
the benefits of

Activity 1: Assessing my gambling

Gambling can range from no risk—where a person's gambling behaviour has no health or social consequences—to the extreme end where high risk gambling behaviour results in fairly serious problems for individuals, families and communities.

So where am I at?

When you first entered this program, you completed some surveys that looked at where you were in terms of your gambling. One of the scales measured whether your gambling would be considered a problem.

Below are the results of that survey. Does this sound about right to you?

Your results

Your score on the survey indicates that your gambling is currently classified in the no-risk category. About 90% of Australian adults fall into this category. This means that you do not gamble or are gambling at low levels that are not problematic. This score means that you probably have not experienced any health or social problems related to your gambling in the last year and that you are likely not experiencing any gambling problems at the moment. However, people can move in and out of gambling problem. If you have any concerns about your gambling now or in the future, you should continue with the Gambling Less program.

Please rate this activity



Module 2 - Taking action to gamble less



1. My confidence to gamble less
2. Knowing my strengths
3. My previous attempts to gamble less
4. Limiting access to gambling venues
5. Guidelines to gamble safely
6. Limiting my access to money
7. My budget
8. My enjoyable activities
9. Learning to relax I
10. Learning to relax II
11. Solving my problems I
12. Solving my problems II
13. Seeking other help

Fortnightly expenses	\$
Rent/Mortgage	800.00
Bills (electricity, gas)	0.00
Transport	20.00
Food	0.00
Entertainment	0.00
Medical	0.00
Loan/Credit repayments	100.00
Child care	0.00
Phone/internet etc	60.00
Other expenses	20.00
Total expenses	1000.00
Fortnightly income	\$
Employment	1000.00
Other income	0.00
Total income	1000.00
Balance (subtract your expenses from your income)	0.00

If your final balance is close to or less than zero you might want to consider the options. Is it possible to find some additional income such as a second job or working more hours? Is it possible to cut back on some of your expenses? Is it possible to consolidate debts or manage repayments more efficiently?

If you are having trouble with this budgeting exercise, we highly recommend that you meet with a financial counsellor to discuss specific strategies to manage your finances. [Click here](#) for financial counselling services available in your state or territory

Module 3 - Thinking differently to gamble less



1. How my thoughts affect my gambling
2. Adjusting my gambling thoughts
3. The gamblers fallacy thinking trap
4. The illusion of control thinking trap
5. The prediction thinking trap
6. The chasing thinking trap
7. The positive expectancies thinking trap
8. The near miss thinking trap
9. The low self-confidence thinking trap
10. The explanation thinking trap
11. The selective memory thinking trap
12. Changing my thoughts I
13. Changing my thoughts II
14. Putting it all together I
15. Putting it all together II

Deakin University CRICOS Provider Code: 00113B

Activity 3: The gamblers fallacy thinking trap

Have a go at answering the following questions. How much do you agree with the following statements?

	Strongly disagree	Strongly agree
1. If I have not won any of my bets for a while, I am probably due for a big win	<input type="radio"/>	<input type="radio"/>
2. I know when I'm on a streak	<input type="radio"/>	<input type="radio"/>
3. I don't like to quit when I'm losing	<input type="radio"/>	<input type="radio"/>
4. To be successful at gambling, I must be able to identify streaks	<input type="radio"/>	<input type="radio"/>
5. If I have lost my bets recently, my luck is bound to change	<input type="radio"/>	<input type="radio"/>

If you agree with any of these questions, you are probably falling into the gamblers fallacy thinking trap.

What is it?

The gamblers fallacy involves the belief that the history of outcomes in a gambling activity influences the likelihood of a future outcome. Put simply, it involves people believing that after a series of losses, you are due for a win. Sound familiar?

Why is it a problem?

In our lives, we are encouraged to learn from past experiences. But the gamblers fallacy keeps us gambling in the face of loss after loss after loss in the belief that we will eventually balance our losses with wins. This means that, as you continue to lose, it becomes more attractive to play just one more time, and one more time again, until you have lost all of your money.

What's the real story?

Gambling is defined as the 'outcome of a game which is determined by chance'. This means that by its very nature, the outcome of a bet is not connected to any previous betting outcomes.

Let's look at the following video - it explains a bit more about the gamblers fallacy.



Take a look at the next video - it looks at the gamblers fallacy in a different way...

Module 4 – Gambling less for good



1. Recognising my gambling urges
2. Managing my urges I
3. Managing my urges II
4. Managing my urges III
5. Managing my urges IV
6. Identifying my high risk situations
7. Coping with my high risk situations
8. The willpower breakdown
9. My seemingly irrelevant decisions
10. My decision consequences
11. My reminder card
12. Coping with my lapses
13. My future
14. Putting it all together

[MY PROGRESS](#) [LOG OUT](#)

WELCOME TO THE GAMBLING LESS PROGRAM
MODULE 1: GETTING READY TO GAMBLE LESS
MODULE 2: TAKING ACTION TO GAMBLE LESS
MODULE 3: THINKING DIFFERENTLY TO GAMBLE LESS
MODULE 4: GAMBLING LESS FOR GOOD

Welcome to Module 4

Activity 1: Recognising my gambling urges

Activity 2: Managing my gambling urges I

Activity 3: Managing my gambling urges II

Activity 4: Managing

Activity 9: My seemingly irrelevant decisions

The everyday mini decisions that brings a person to a high-risk situation in which it is difficult to resist temptation are called **seemingly irrelevant decisions**. These decisions 'set you up' for relapse.

Many set-ups are easy to see, but others are very subtle. These could involve decisions about having lunch at a gaming venue, driving home past a favourite gambling venue, or visiting a friend who has a gambling problem. Creating a lot of stress so there becomes an inevitable need for reward and testing yourself are also kinds of set-ups.

To illustrate how some seemingly irrelevant decisions can lead to relapse, let's take a look at the case of "Jane". When asked to describe her most recent relapse, she said "There's not much to tell. I quit the pokies for 6 months, but then I was in my favourite venue and began playing again". Obviously, a pokie venue is a high risk situation for anyone trying to quit pokie gambling. **Hear Jane's story when she was asked to describe what lead up to her arrival in the bar [here](#).**

Did Jane plan her own lapse? She strongly denied any conscious plan to start gambling again. Yet she made a number of seemingly irrelevant decisions that lead up to her sitting at a poker machine – an extremely high risk situation.

Can you identify some of these decisions? **Click [here](#) if you need some help.**

1.
2.
3.

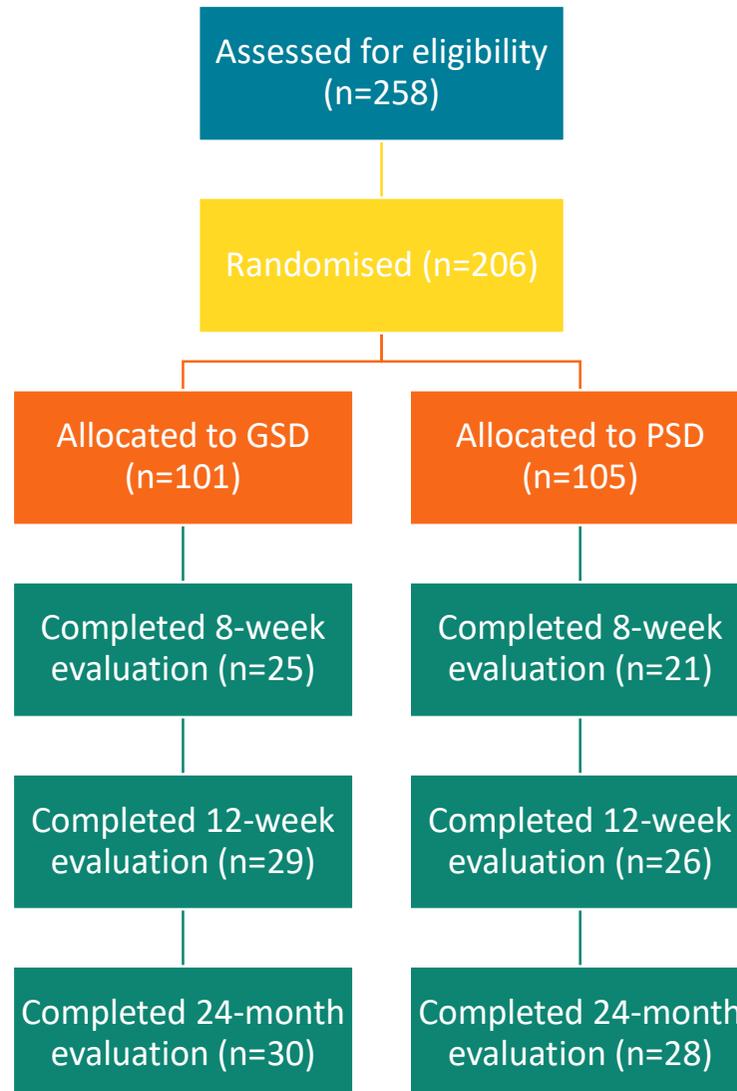


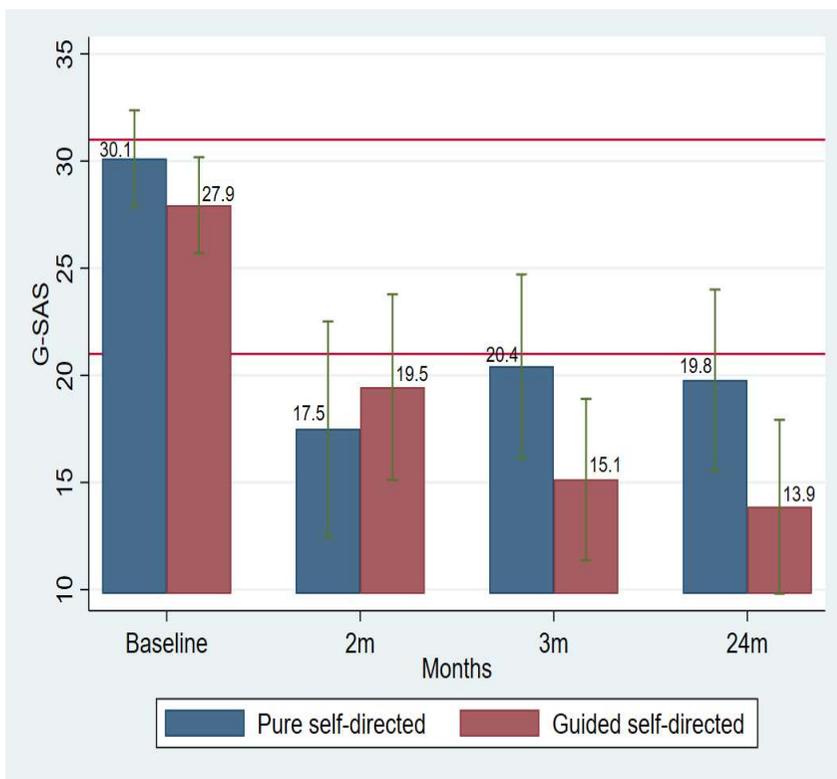
PHASE 2: PILOT PRAGMATIC TRIAL



The GamblingLess program

- 4 modules, 8 weeks CBT for gambling
- 206 gamblers randomized to the program with and without guidance (101 allocated to guidance over 6 months)





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

24-months	PSD (n=28)	GSD (n=30)	Total (n=58)
Recovered	42.9%	70.0%	56.9%
Improved	17.9%	6.7%	12.1%
Unchanged	39.3%	23.3%	31.0%
Deteriorated	0%	0%	0%

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

Significant improvements in gambling urges, gambling frequency, gambling expenditure, and psychological distress for both groups

GSD greater reduction in gambling urges and gambling frequency

Significant improvement in quality of life for the GSD group

PHASE 3: ACCEPTABILITY AND FEASIBILITY



MOST HELPFUL ACTIVITIES

- Coping with lapses
- The benefits of gambling less
- Deciding to quit or cut back
- Money I spend gambling

INTERNET EVALUATION AND UTILITY QUESTIONNAIRE

- 82% Comprehensive information
- 78% Good mode of delivery
- 76% Easy to use
- 76% Credible program
- 74% Would use again



ADDITIONAL NEEDS

- Learning how to relax better
- Improving physical health
- Learning to keep from returning to gambling
- Helping to overcome boredom
- Finding enjoyable ways to spend free time



USER AND GUIDE INTERVIEWS

- Helpful and effective
- Positive evaluations of program content, look and feel, and privacy aspects
- Guide interview content: Simone

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

THE GAMBLINGLESS SUITE OF PROGRAMS



VICTORIAN RESPONSIBLE GAMBLING FOUNDATION (AUST)

Implementation of a more brief and targeted version for translation to the VRGF website/Victorian service system



HEALTH RESEARCH COUNCIL (NZ)

Development and evaluation of a culturally specific program for delivery to NZ population (including Māori and Pacific people)



DEAKIN UNIVERSITY (AUST)

Development and evaluation of a translated and culturally specific program for delivery to Chinese gamblers living in Hong Kong and Macau



NEW ZEALAND MINISTRY OF HEALTH

Development and implementation evaluation of a co-design blended treatment with service providers



DEAKIN UNIVERSITY (AUST)

Redevelopment and evaluation of the program to meet the needs of gambling subtypes outlined in the Pathways Model



NATIONAL ASSOCIATION FOR GAMBLING STUDIES (AUST)

Curb Your Urge: Pilot smartphone JITAI that uses EMA urge data to trigger urge management activities to prevent gambling episodes



NSW GOVERNMENT OFFICE OF RESPONSIBLE GAMBLING (HRC)

Two smartphone JITAIs: (1) relapse prevention app; and (2) implementation planning app

VRGF Redevelopment



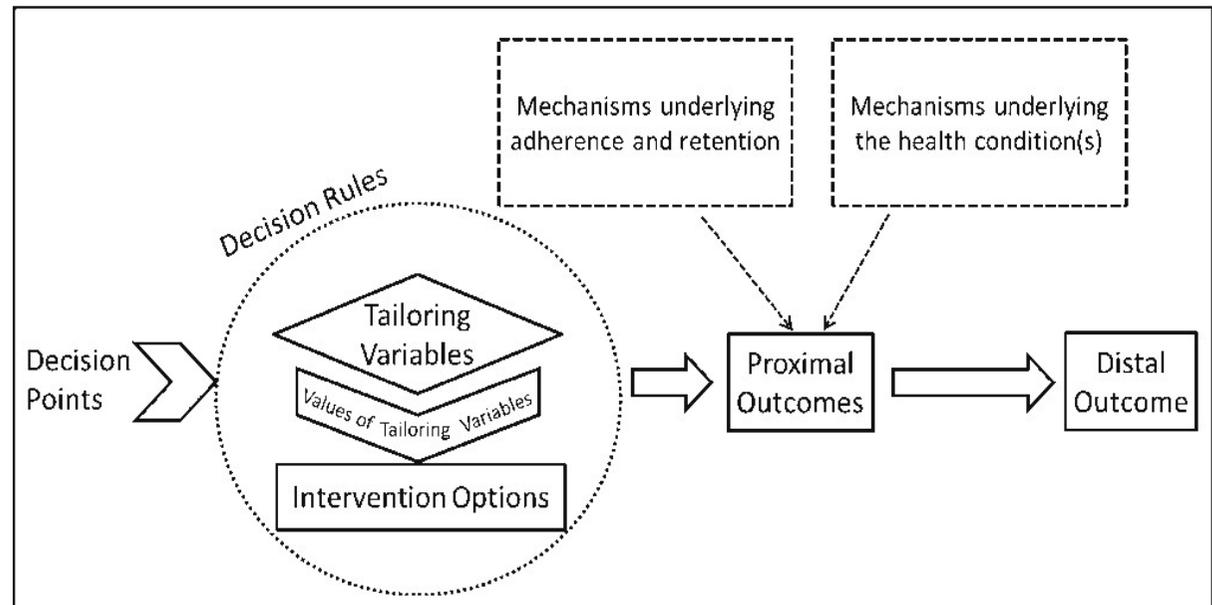
Just In Time Adaptive Interventions

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

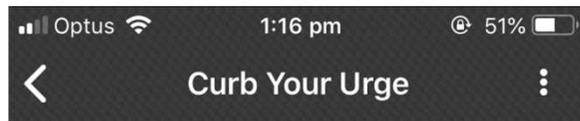
They can be tailored to individual needs via real-time assessment of these factors via mobile devices

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

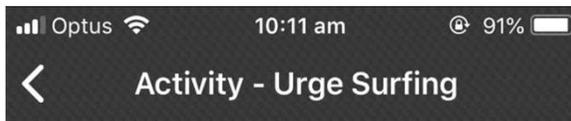
GAMBLINGLESS CURB YOUR URGE: An EMI



This app is designed by leading clinical gambling researchers at Deakin University to deliver an urge intervention for people experiencing issues with gambling. The app provides 24/7 access to 12 tips and activities that can help curb gambling urges anywhere and at any time... these include activities such as distraction tips and breathing exercises. The app can be used as a standalone urge curbing activity or as an adjunct to formal treatment.

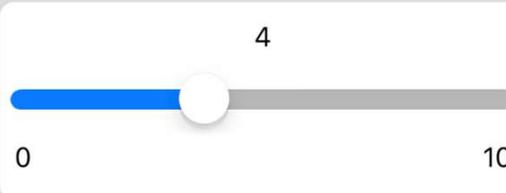
Surveys

Information



How strong is your urge **right now** (from 0 mild to 10 severe)?

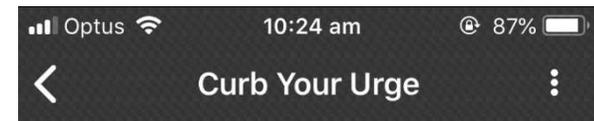
Touch the bar below to select. Touch again or drag to change your choice.



Back

Answer

Skip



Activity - Urge Surfing

Ongoing Survey

Tip - About My Urge

Ongoing Survey

Tip - Delay and Distract Yourself

Ongoing Survey

Activity - Progressive Muscle Relax...

Ongoing Survey

Activity - Mindfulness

Ongoing Survey

Surveys

Information

Optus 10:12 am 90%

< Tip - About My Urge

It is helpful to think of urges like waves at a beach. Each urge starts off small, builds up to its highest point, and then breaks and flows away.

The duration of urges varies, but they do end. Unfortunately, responding to urges makes them stronger and longer. Urges are like stray cats... if you keep feeding them, they will keep coming back. **If you don't act on them, they'll become less intense and frequent over time.**



Back Okay

Optus 10:18 am 88%

< Activity - Progressive Muscle R...

Try this two-part guided progressive muscle relaxation. You will find Part 1 - Upper body (4 mins) on this screen. When you are ready, click 'Okay' and you will be taken to Part 2 - Lower Body (6 mins).

Please be patient while the videos load, it can take a little while, and remember that you can turn on subtitles. You can use this activity over and over until the urge subsides.

If you have any injuries or physical problems that might cause muscle pain, this might not be the best activity for you. Why don't you try one of the other tips or activities?



breathe out and release all the tension in the fist. let your hand become nice

Back Okay

Optus 10:11 am 90%

< Activity - Urge Surfing

In this activity, you will be asked to consider how you experience urges. They might involve thoughts, images, actions, physical sensations...

This picture gives you a quick snapshot of the steps involved in surfing an urge.

Click 'Okay' at the bottom of the screen to be taken to a 3-minute video which will guide you through urge surfing.



Surf the Urge Meditation

1 Focus on the area where you experience the craving.

2 Acknowledge how you experience the craving.

3 Repeat focusing with each part of your body that experiences the craving.

4 Release the tension as you release each deep breath.

Back Okay

Barriers and facilitators to clinical integration

Findings are consistent with the broader literature.
Question now is broader dissemination.

Guide recruitment and role

- 11 guides were recruited from services (i.e., Gambling Help Online and Victorian Gamblers Help services)
- Each guide was allocated around 10 participants. This was in addition to normal workloads.
- One email per week at specified time/day
- Manualised guidance, training and supervision
- Monitor progress, clarify information, answer technical questions, reminders to complete modules.

1. Client suitability and screening

Good Fit

- Limited availability for face-to-face treatment.
- Technical confidence/competence, internet access
- Younger (than older) regional (vs metro), high literacy

Questionable fit

- Complex or severe problems, crisis or distress
- Isolated – connections important
- Not fully committed or not strong motivation/intentions

Importance of screening

- Guides perceived screening for good fit with the intervention and modality is important.

2. Program acceptability and modality

General agreement

- The program had a good structure, was straight forward, nicely packaged and made sense.

Disagreement

- Overall program content was comprehensive VS the program was too extensive and could be overwhelming for gamblers.

Perception of modality

- Unknown whether this type of intervention is effective
- Concerned about change in absence of F2F contact

3. Client information and management

Client information and progress

- Any contact with the site logged (views, activities).

Client management

- Emails via personal system. Alert for client activity.
- No appointments.

Email communication

- Email briefer, time responsive and more conversational.
- Automate weekly program emails.

4. Service integration

Overall, there was general agreement that the program should, be integrated into service delivery:

- Services were ready to take on new options but wanted more information on client suitability, effectiveness and how it would improve client outcomes over and above TAU.
- Blended treatment acceptable. Offered before, during or after F2F treatment. Some concerns of more homework that was not completed.

What we need to consider

- ✓ Provide **information** on iCBT effectiveness
- ✓ **Screen** for suitability
- ✓ **Tailor** the content based on screening so as to reduce the amount of content and increase engagement
- ✓ Match client **preferences** (feedback, advice through to on-going care) with the person-to-person option
- ✓ Use a **tiered approach** to guidance (graduate students through to highly experienced clinicians)
- ✓ Build simple but informative **information systems**
- ✓ Provide **training** on active components of CBT

The co-design of an e-mental health service for minimising gambling harm: An implementation evaluation.



Phase 1. Information gathering

- **Conduct survey**, interviews, and examination of documents to determine the current state of practice, preferences and attitudes towards e-mental health.

Phase 2. Co-design workshop

- Service providers, consumers and researchers work through options for e-mental health.

Phase 3. Customisation and Protocols

- A customised service and protocols are developed which respond to the findings of the co-design workshop.

Phase 4. Implementation of protocol

- Eight month implementation period commences.
- Post-implementation survey of counsellors, managers and consumers.



Figure 1. *Elements for a customised service*

The co-design of an e-mental health service for minimising gambling harm: An implementation evaluation.

- ✓ First fully customised e-mental health service
 - Built for services – not imposed
- ✓ Target audience not previously studied before
 - Clinical experts
- ✓ Increased service capacity and scalability
 - Offer therapeutic exchange or support at every step. A true stepped care approach not currently available.

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.
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- 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*.
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- 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>