Concerned Significant Others in CBT Treatment for Problem Gambling

Pilot Data and Preliminary Results from a Randomized Controlled Trial

Anders Nilsson, PhD student, Department of Clinical Neuroscience
CSOs are affected by problem gambling

- CSOs could be as many as 18% of the Swedish population
- CSOs are in bad health
- CSOs are negatively impacted by the gambling
- CSOs generally know little about problem gambling, which could worsen problems
Gamblers could benefit from CSOs in treatment

- CSOs are an important reason for help-seeking among gamblers
- Including CSOs in treatment seems to increase retention
- Merely *having* a CSO increases the odds of a successful treatment

See Kourgiantakis *et al.*, (2013); and Ingle *et al.*, (2008).
Previous studies

- A handful of studies have investigated CRAFT or coping-skills for CSOs, not involving the gambler
- A few studies on Congruence Couple Therapy and Adapted Couples Therapy
- One study from 2015 found that involving CSOs in CBT treatment resulted in inferior treatment outcomes for the gambler (Jiménez-Murcia et al., 2015)
Our study

- **Spelfrihet tillsammans (Gambling Sobriety Together)** is an internet based treatment lasting 10-12 weeks
- Participants receive support through telephone and e-mail
- One gambler and one CSO are required
Study design

- Participants are randomized into one of two treatment arms:
  - Cognitive behavioral therapy (the gambler receives modules, the CSO does not)
  - Behavioral couples therapy (both the gambler and the CSO will have their own modules)
Behavioral Couples Therapy

- Couple therapy focused on addiction
- Based on behavioral principles aiming to reinforce sober behavior, but also on communication skills training and problem solving
- Assumes that an improved relationship mediates a positive addiction treatment outcome
Behavioral Couples Therapy

- First time BCT is used for gambling problems, internet treatment
- All types of CSOs can participate, not only partners
- Essentially equal content in CBT and BCT for the gambler
- CSOs receive treatment in BCT
Spelfrihet tillsammans

- A pilot study including 18 gamblers and 18 CSOs to test feasibility
- An RCT study where we hope to include 120 gamblers and 120 CSOs
Signed up (n=66)
Gamblers (n=38)
CSOs (n=28)

Excluded (n=31)
No CSO (n=6)
No gambler (n=2)
No contact (n=12)
Other treatment (n=5)
Psychiatric issues (n=4)
Attrition (n=1)

Randomized (n=36)
Gamblers (n=18)
CSOs (n=18)

BCT (n=20)
Gamblers (n=10)
CSOs (n=10)

CBT (n=16)
Gamblers (n=8)
CSOs (n=8)

Post-treatment BCT (n=14)
Gamblers (n=5)
CSOs (n=9)

Post-treatment CBT (n=13)
Gamblers (n=6)
CSOs (n=7)
The pilot study

- **Inclusion:**
  - PGSI (both)

- **Pre- and post measurements:**
  - NODS (gambler)
  - PHQ-9 (both)
  - GAD-7 (both)
  - AUDIT (both)
  - ICGC (both)

- **Pre-, post- and weekly measurements:**
  - TLFB-G (both)
  - RAS-G (both)
NODS 30 days

![Graph showing NODS.SUM Gambler over time.](image-url)
Money lost (TLFB)
Days gambled

Observed gambling days

Proportion gambled vs. Week

Group
- BCT
- KBT
Days gambled

Timeline follow-back

Days gambled

Proportion gambled

0.0  0.2  0.4  0.6  0.8

0  28  98  126

Days

group
BCT
KBT
Anxiety CSO

![Graph showing changes in GAD.7.SUM Anhörig over time (Pretest, Posttest, 3M, 6M) with lines representing different groups (BCT, KBT)]
Anxiety Gambler

GAD.7.SUM Gambler

Pretest | Posttest | 3M | 6M

group
- BCT
- KBT
Depression CSO

PHQ.9.SUM Anhörig

- Y
- time
- Pretest
- Posttest
- 3M
- 6M

group
- BCT
- KBT
Depression gambler

PHQ.9.SUM Gambler
Reflections on results

- Very large reductions early in treatment, regardless of intervention.
- Who is dropping out?
- How do we measure gambling behavior?
- Is greater losses equivalent to greater harm?
- What if CBT is superior for the gambler?
Reflections on feasibility

- Keeping both patients at the same pace
- Confidentiality in couple therapy
- Telephone vs. e-mail contact
- Flexible for whom?
Randomized Controlled Trial

- 100 out of 120 pairs randomized so far, but twice as many sign up
- Gamblers average 6.3 on NODS and 19.5 on PGSI
- They average 120,000 SEK (≈12,000 EUR) in gambling related debt.
- Relatively low levels of comorbidity among both gamblers and CSOs
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anhörigstudien
anhöriga till spelberoende
www.anhörigstudien.se

Spelfrihet tillsammans
www.spelfri.se

SPELFORSKNING.SE
anders.nilsson.2@ki.se