

Predictors of Treatment Goal Outcome for Problem Gamblers who Received a Brief Motivational Intervention

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BACKGROUND

- Rates of treatment-seeking for problem gamblers in Canada is roughly 18%.¹
- Reported treatment barriers include:²
 - Intent to self-treat
 - Shame and stigma
 - Minimization or denial of problem.
 - Concerns about treatment (i.e., content, quality, availability, and practical issues).
- Brief treatments (BTs)³ are short-term interventions that focus on effective change without recurring, intensive treatment.
- Motivational interviewing (MI)⁴ is a client-centered intervention that aims to resolve ambivalence toward change.
- Understanding the prognostic features affecting treatment outcomes is important for several reasons, including:
 - Helping to determine treatment choice.
 - Informing treatment adaptations
 - Adjusting treatment methods to prevent dropout
- Focusing on treatment goal outcomes (TGOs) is important
 - More client-centered and may be more achievable for some individuals.
- The purpose of the current study was to explore predictors of TGOs in a large, brief treatment study.

METHODS

A sample of media-recruited disordered gamblers ($N = 314$) were randomly assigned to one of four conditions:

- Combined telephone MI and self-help workbooks (BT)
- Combined telephone MI and self-help workbooks with telephone booster sessions (BBT)
- Self-help workbooks only (WO)
- Waitlist (WL).

Assessment Measures

Gambling severity.

- The NORC DSM-IV Screen for Gambling Problems (NODS)⁵

Psychiatric co-morbidities.

- The Primary Care Evaluation of Mental Disorders (PCEMD)⁶

Outcome variables

Five follow-up assessment periods:

- 6 weeks • 12 weeks • 24 weeks
- 36 weeks • 52 weeks

Each follow up involved:

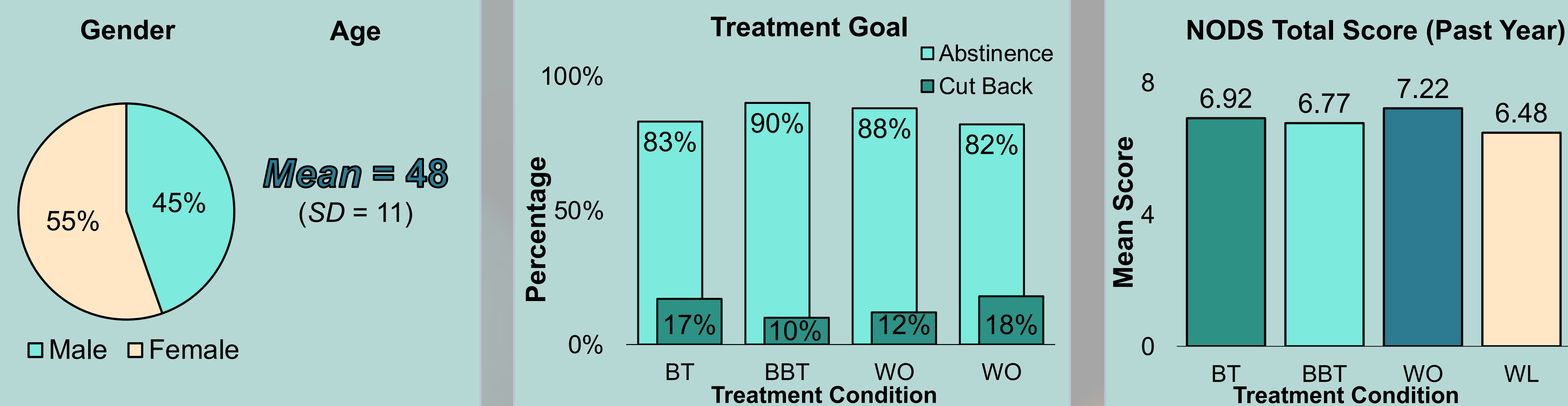
- Assessment of present treatment goal and completion status

Statistical Analysis

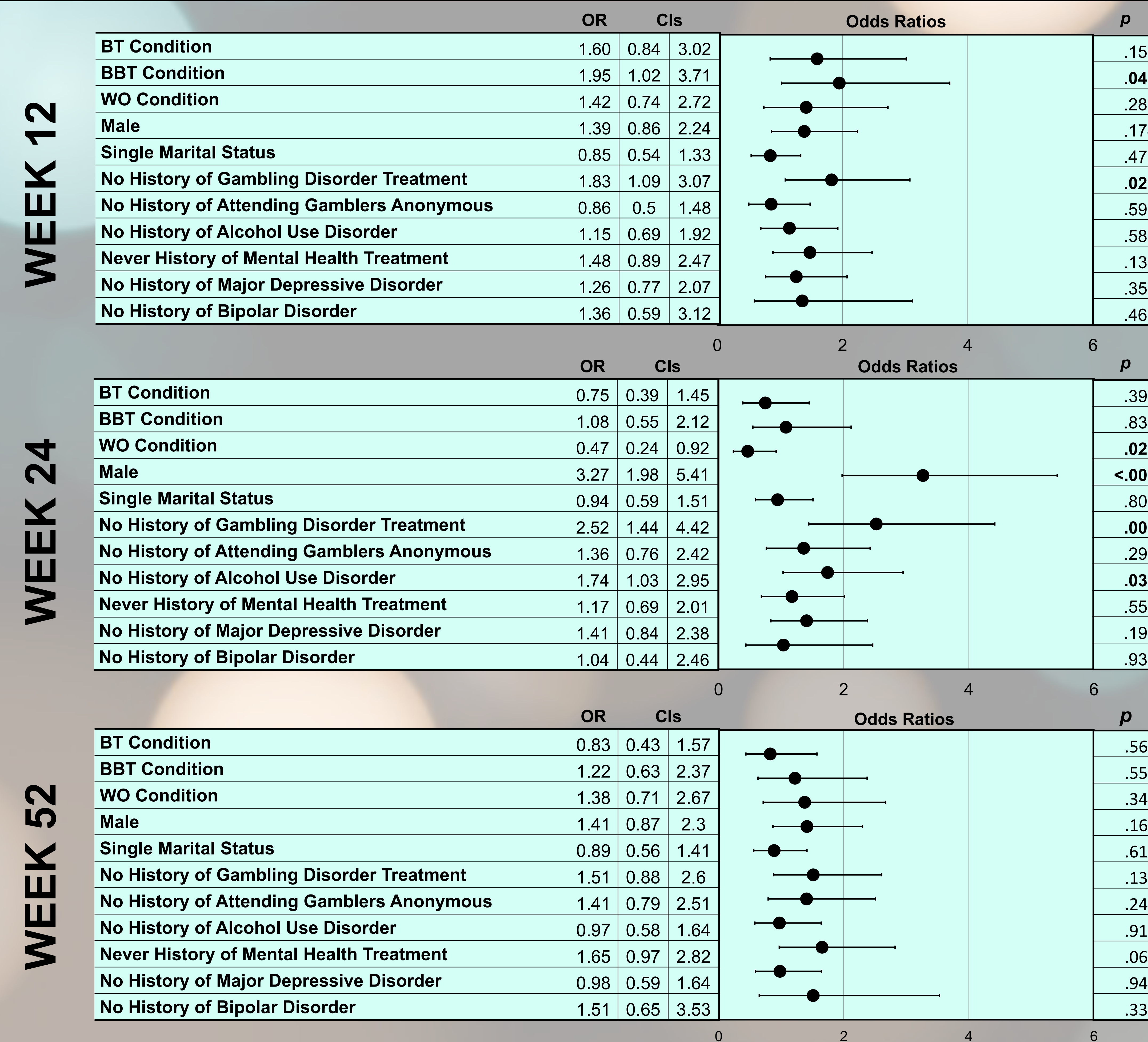
Ordinal Regressions

- Predictors of TGOs (not, partially, mostly, or completely met) at the 12-week, 24-week, and 52-week follow-ups.

RESULTS: Demographics



RESULTS: Regression



DISCUSSION

- Results of the current study:**
 - At the 12-week follow-up:
 - Individuals without previous gambling treatment, and those randomized to the BBT condition had better TGOs.
 - At the 24-week follow-up:
 - Males, individuals without a comorbid alcohol use disorder diagnosis, individuals without previous gambling treatment, and those randomized to the WO condition had better TGOs.
 - At the 52-week follow-up:
 - No significant predictors emerged.
- Four predictors of TGOs were observed all of which suggest that specific populations may require tailored treatment approaches.
 - E.g., Women, and individuals with comorbid substance use or past gambling treatment.
- Although BBT assignment initially predicted better TGOs, its predictive abilities were surpassed by the WO condition at the 24-week follow-up.
- The absence of significant predictors at the 52-week follow-ups suggests predictor effects were not sustained.
- Future research suggestions:**
 - Focus on treatment process variables (e.g., treatment habituation and compliance) and their relation to pre-treatment variables. Clinical implications may include:
 - Prediction of treatment response and which patients are most likely to experience poor TGOs.
 - This could inform:
 - The adjustment of current treatment methods and the development of alternative treatments
 - Ultimately, this could lead to improved patient outcomes.

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