Who Are the Anonymous? Involvement and Predictors of Gamblers Anonymous Attendance among Disordered Gamblers Presenting for Treatment

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Introduction

Background

- Gambling is a common worldwide activity. While the majority of individuals gamble without consequence, a minority experience substantial personal harms from gambling[1].
- The most widely available form of treatment for disordered gambling (DG) is Gamblers Anonymous (GA)[2].
- Rooted in the traditional 12-step approach synonymous with Alcoholics Anonymous, GA began in the 1950s and adopted a similar focus of companionship between members with sustained abstinence from gambling as the long-term goal[3].
- There are significant gaps in knowledge surrounding the effectiveness of GA, the experiences of GA members, and how individuals interact with the program itself[4,5].
- The overall effectiveness of GA as a stand-alone intervention for disordered gambling remains largely untested[6].

Goals

- Provide a closer examination of GA involvement among disordered gamblers presenting for treatment.
- Investigate involvement in GA among attendees, motives for attendance, and overall satisfaction with the program.

Method & Measures

Participants

- 512 treatment seeking DG's in São Paulo, Brazil between 2006-2015:
  - 141 DG's reported attending GA over the previous 30 days
  - 56.3% Male
  - Mean Age = 46.4 years (SD = 11.8)

Measures

- **Gamblers Anonymous Questionnaire:** Assessment of GA attendance and participation, covering seven topics: GA testimony, participation in activities at GA meetings, level of interaction with GA sponsor, motives for attending GA, and helpfulness and satisfaction with GA participation.
- **Gambling Behaviours:** Assessment of gambling behaviours including: age on onset of gambling problem, age of first sought treatment, the number of days gambled in the previous 30 days, and the amount of money lost over the previous 30 days.
- **Gambling Symptom Assessment Scale (G-SAS):** 12-item instrument designed to evaluate gambling symptoms.

Data Analysis

- A descriptive profile of GA attendance, satisfaction, involvement, and motivations.
- Analyses to identify potential predictors of GA attendance.

Discussion

Major Findings

- The majority of attendees found GA to be helpful but were passively involved with the program.
- However, individuals who were actively involved with the program displayed lower gambling severity.
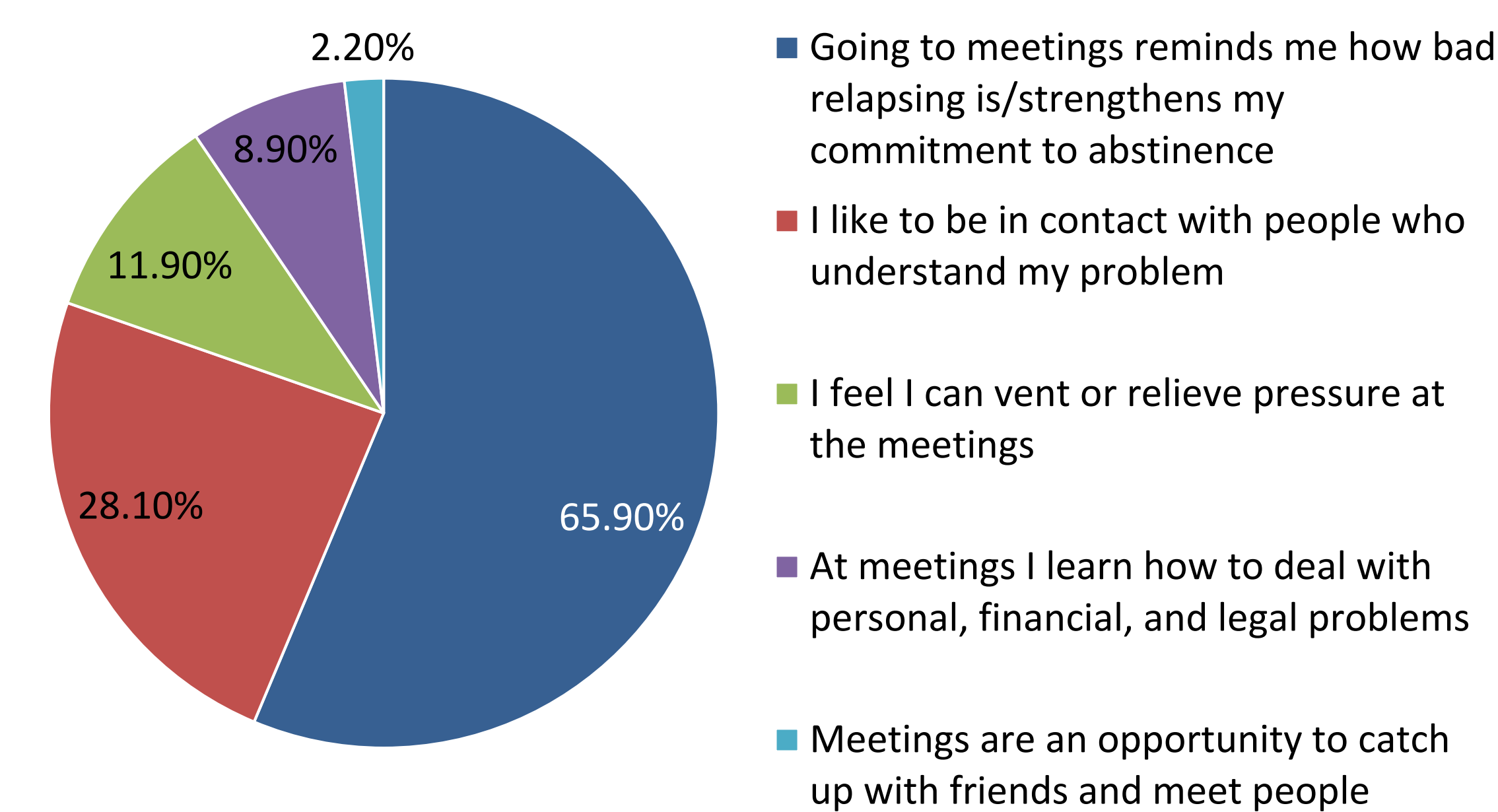
Clinical Implications

- Providing testimonials is a significant predictor of lower gambling severity and higher satisfaction with GA.
  - Research looking at why some provide testimonials and why others do not may be beneficial.
- Attendees with some contact with a sponsor displayed lower rates of gambling severity.
  - Encouraging continued contact with a sponsor may have a beneficial influence.
- A heightened focus on the strategies used by some chapters to encourage active involvement could serve to benefit GA as a whole.

Limitations

1. Measuring GA attendance took place in a short timeframe (past 30 days).
2. The GA questionnaire remains to be tested.
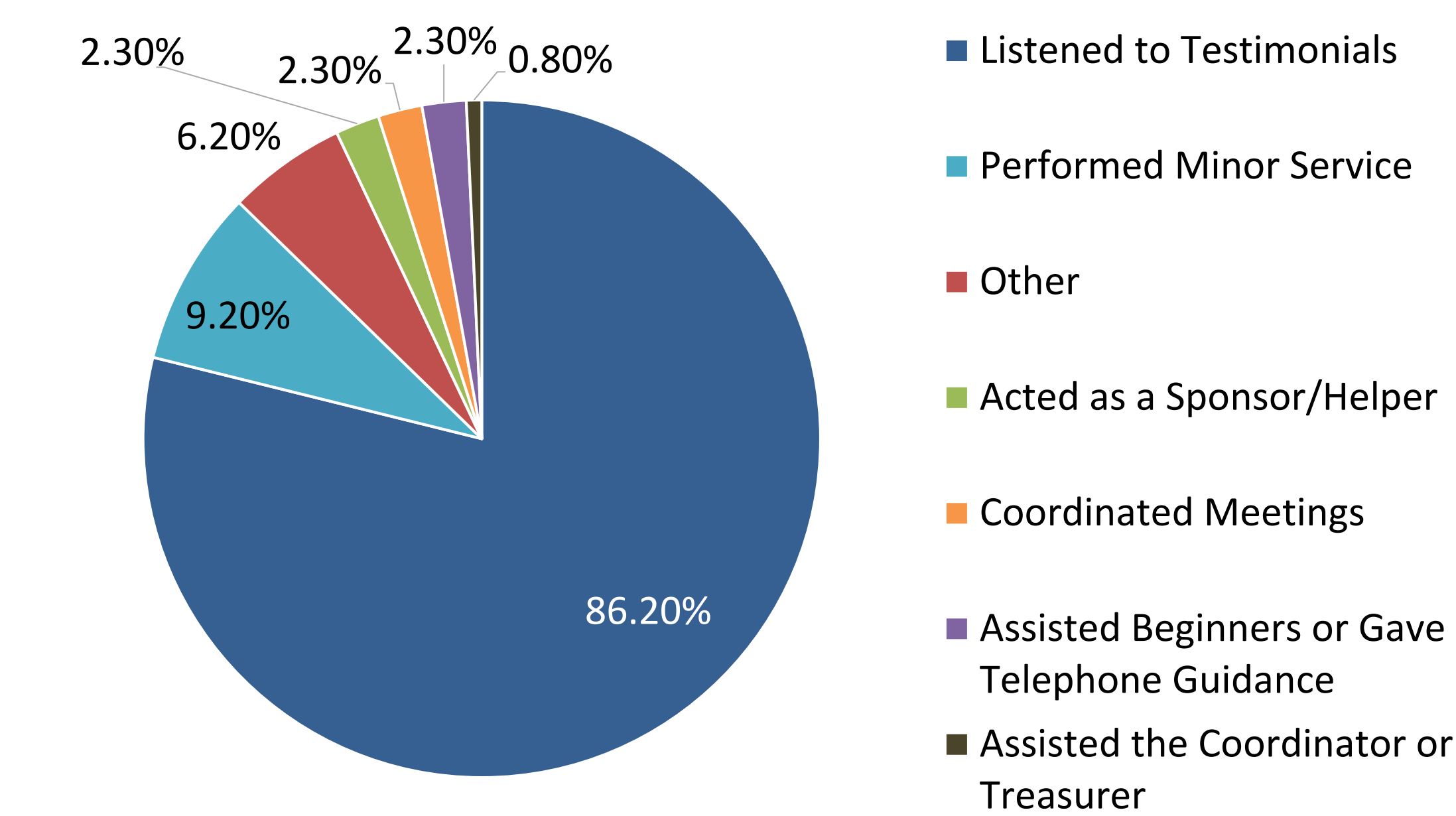3. Sample consisted of only treatment-seeking gamblers.

Results

Motivations for Attending GA

- Going to meetings reminds me how bad relapsing is/strengthens my commitment to abstinence — 65.90%
- I like to be in contact with people who understand my problem — 28.10%
- I feel I can vent or relieve pressure at the meetings — 11.90%
- At meetings I learn how to deal with personal, financial, and legal problems — 8.90%
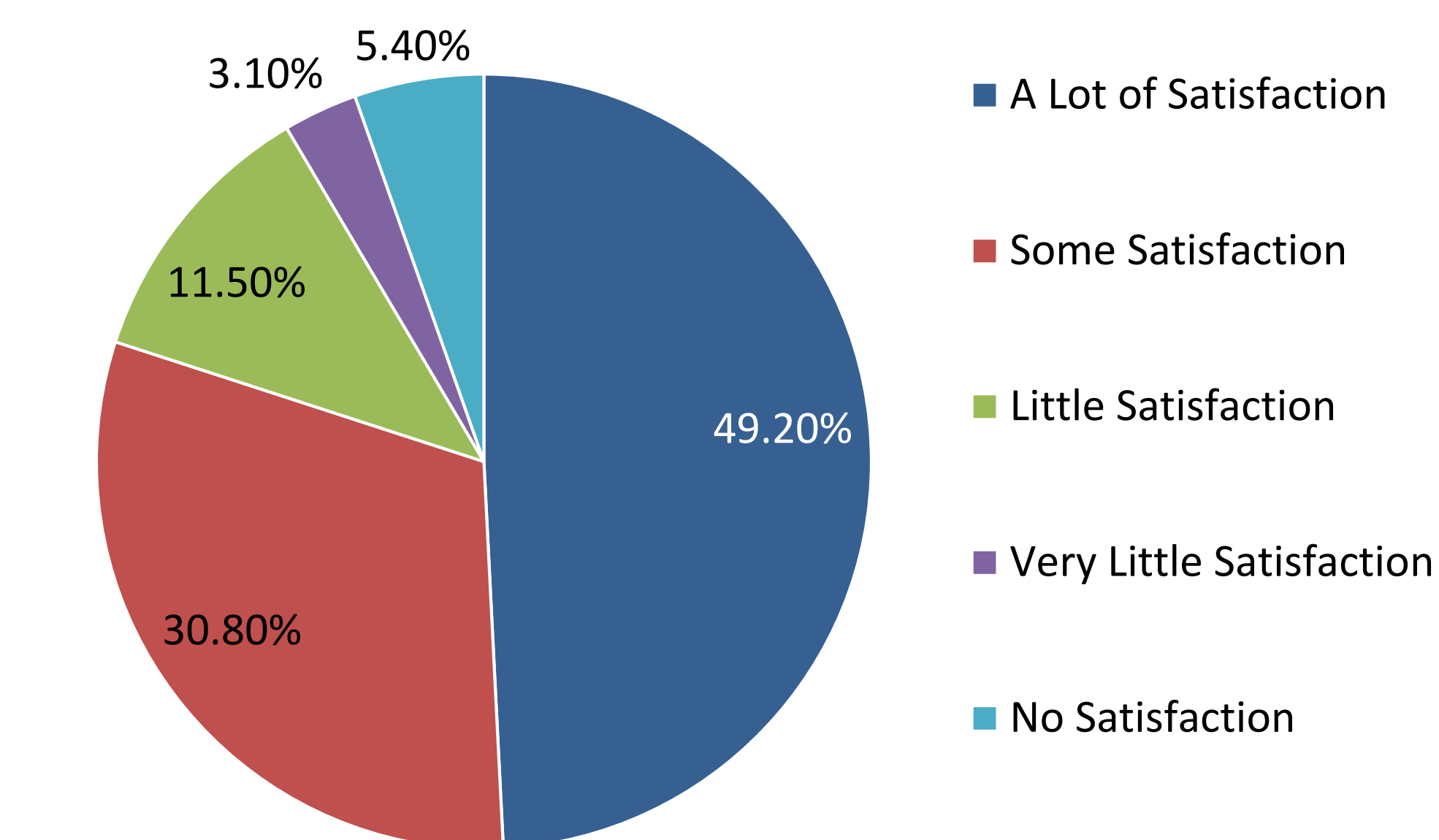- Meetings are an opportunity to catch up with friends and meet people — 2.20%

The most common motivation for attending GA was that GA reminded attendees of relapse and strengthened their commitment to abstinence.

Activities Engaged in GA

- Listened to Testimonials — 86.20%
- Performed Minor Service — 9.20%
- Other — 6.20%
- Acted as a Sponsor/Helper — 2.30%
- Coordinated Meetings — 2.30%
- Assisted Beginners or Gave Telephone Guidance — 2.30%
- Assisted the Coordinator or Treasurer — 0.80%

The most common activity among attendees was listening to testimonials.

Satisfaction in GA

- A Lot of Satisfaction — 49.20%
- Some Satisfaction — 30.80%
- Little Satisfaction — 11.50%
- Very Little Satisfaction — 3.10%
- No Satisfaction — 5.40%

Most attendees derived satisfaction from attending GA.

Demographic Analysis: Roughly equal numbers of men (57.4% vs. 55.8%) and women (42.6% vs. 44.2%) were in the GA and non-GA groups respectively. Similarly the average age of the GA (M = 46.5, SD = 10.6) and non-GA (M = 46.4, SD = 12.3) groups did not significantly differ.

Gambling Predictors of GA Attendance: The overall model was significant Cox & Snell Pseudo R^2=.07, χ^2=27.09, df=5, p<.01. The total number of days gambled (OR=0.96) and G-SAS scores (OR=0.97) were predictive of not attending GA.

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