

## Self-help on the Internet for affected family members of disordered gamblers – evaluation of a German programme

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*Introduction.* There are still many barriers that hinder affected family members (AFMs) to seek help. A recent qualitative study from Canada identified different barriers to family involvement in treatment such as conflict about the involvement of AFMs in treatment, isolation and mental health concerns including misinformation about mental health, limited coping strategies, and stigma (Kourgiantakis et al., 2017). AFMs are often unaware that professional help is also available to them (Hing et al., 2013). Those looking for help seem to prefer low intensity interventions, e.g. self-help, telephone, or online support (Hing et al., 2013). Web-based interventions have the potential to overcome these barriers (Rodda et al., 2013). They also anonymity which is extremely important for highly shameful topics (Kohl et al., 2013). That is why a web-based self-help programme could help overcome those barriers and could be a low threshold means of support for this clientele.

*Methods.* We have developed a web-based programme with a modular design based on a manualized psycho-educational group training which consists of eight modules focusing on topics that are especially burdensome for AFMs and which shows promising results (Buchner et al., 2012). The e-mental health programme comprises six modules that can be worked through by AFMs without professional support (Buchner et al., 2017, 2018). Those interested in participating were able to sign up for the programme on their own and anonymously. One module can be used without registration, for the other five modules a registration with a valid e-mail address but no other data is necessary. We examined (1) who could be reached and (2) whether there was a positive change regarding an action-specific aspect of perceived self-efficacy and general life satisfaction.

*Results.* Over a time period of 36 months (2013-2016), data of 387 AFMs who participated in the programme were collected (89.1% female). About two third of the participants were partners (68.2%), 13.4% were parents and 18.3% were other AFMs, e.g. siblings, children, or friends. About two third (63.3%) lived in a shared household with the disordered gambler. About two thirds (65.4%) had never used any prior support or self-help. The majority of participants worked through one to four modules (42.6%), 28.4% worked through all five modules, and 28.9% did not start the programme after registration or did not work through the first module.

More than half of the participants (63.5%) reported theft, threats or violence. There were no differences regarding relationship status, but participants living in a shared household reported more often theft, threats or violence (70.0% in a shared household, 52.5 in separate households;  $p=.001$ ). All in all, participants reported impairment measured in a global assessment of impairment (KPD-38) with partners and participants living in a shared household reporting more impairment than other AFMs. Partners and participants living in a shared household used more often engaged coping strategies than other participants. Participants living in a shared household also reported more often using tolerant accepting coping strategies.

Participants who attended the whole programme showed positive changes in their perceived self-efficacy. They reported more confidence in being able to talk to others about their situation in life, to be able to handle stress, and to be able to set boundaries. They also reported a positive change in their general life satisfaction.

*Conclusion.* Self-help on the Internet can be a valuable addition to existing treatment options and has the potential to provide low threshold support for AFMs. AFMs can benefit from participating in such a programme.

*Literature.*

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