

Opinions of treatment providers and people who experienced problem gambling on useful cognitive-behavioral skills for long-term recovery

What this research is about

Gambling is a common recreational activity; however, it may lead to problem gambling (PG), which can disturb many areas of life, including finances, relationships, and health. For many mental health disorders, cognitive behavioural therapy (CBT) is widely considered a leading psychosocial treatment option. Research has found that CBT is effective for reducing problem gambling while also improving quality of life.

CBT for PG typically draws on techniques similar to those used in substance use treatment, such as managing high-risk situations, adopting alternative activities, and social skills training. Some CBT manuals also incorporate techniques to challenge irrational gambling beliefs and/or behavioural techniques to prevent relapse. However, CBT manuals vary in the combinations of components they include, and few studies have isolated the effects of each individual component. Moreover, few studies have focused on sustained recovery, which is defined in this study as not gambling for at least a year. Studying sustained recovery is important since strategies for initiating and maintaining recovery often differ.

The aim of this study was to identify which CBT skills are most helpful for long-term recovery from PG. To this end, the researchers interviewed people in sustained recovery from PG (ISRs) and treatment providers.

What the researchers did

What you need to know

Cognitive behavioural therapy (CBT) is widely recognized as an effective treatment for problem gambling (PG). However, it is unclear which components of CBT are most impactful. In the present study, the researchers interviewed 12 people in sustained recovery from PG (i.e., not having gambled for at least one year) and 8 treatment providers. Six themes emerged from the interview responses: managing finances, reducing gambling exposure, engaging in alternative activities, improving social support, managing stress, and changing irrational beliefs about gambling. These findings highlight the CBT skills that are considered most helpful for long-term recovery.

A total of 12 ISRs and 8 treatment providers took part in the study between February and November 2023. ISRs were required to be 18 years of age or older, speak English, provide informed consent, have experienced PG before, and have not gambled in the past year. Participants were recruited through gambling support organizations in Connecticut, USA. All interviews took place over Zoom, and \$60 gift cards were provided as compensation.

What the researchers found

Most participants were middle-aged, non-Hispanic, White adults. The numbers of men and women were roughly even. Most ISRs had sought formal treatment before, and all regularly attended Gamblers Anonymous (GA) meetings.

The researchers identified six main themes from the interview responses. The first theme was '*managing financial situations*'. Financial concerns were often the most urgent concerns that needed to be addressed at the beginning of treatment. Two common strategies used were limiting access to money and financial planning. However, some ISRs felt a loss of independence for needing help from another person to manage their money. Two providers noted that helping clients resolve their debt too quickly may trigger gambling again, as there is no longer a crisis.

A second theme was '*reducing exposure to gambling*'. Self-exclusion was commonly reported, though some participants mentioned that its effectiveness was limited. Providers discussed harm reduction techniques such as time limits and financial limits. However, only one ISR mentioned these and thought it was unrealistic to stick to a money limit. Another strategy involved identifying and managing gambling triggers.

The third theme was '*engaging in alternative activities*'. Participants emphasized alternative activities and hobbies such as gardening and dancing. However, one provider stated that there must be acceptance that alternative activities may not provide the same rush as gambling.

The fourth theme was '*improving social support*'. Social support, including instrumental and emotional support, from family and friends was key to recovery. Male ISRs tended to mention support from their spouses. Female ISRs tended to mention support from other sources (e.g., parents, siblings, friends). Most ISRs also found attending GA beneficial, as it offered a sense of connection and community, and a better understanding of the magnitude of one's problem gambling. But younger ISRs found GA to be outdated, and some IRGs found the quality of GA meetings to vary.

The fifth theme was '*learning to manage stress*'. Techniques such as mindfulness, relaxation, and self-care practices, like exercise, were mentioned as ways to help manage gambling urges and stress.

The final theme was '*correcting cognitive distortions*'. Providers talked about using CBT to help clients recognize and work through irrational beliefs

about gambling. Many ISRs stressed the importance of pausing to reflect, bringing to mind the negative consequences of gambling, and pushing back against urges. Some mentioned carrying the skills of identifying and correcting irrational gambling beliefs into other parts of their lives.

How you can use this research

These findings can inform treatment approaches by pointing to particular CBT skills worth focusing on during therapy, to support recovery from PG.

About the researchers

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