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A comparison of cognitive motivational behaviour therapy and Gamblers Anonymous for treating gambling disorder

What this research is about

Gambling disorder results in harmful consequences to people who gamble, their loved ones, and society. It is important to have effective treatment options to address these harmful consequences. Cognitive behavioural therapy (CBT) helps people identify how they think about gambling and build skills to manage gambling urges and reduce gambling behaviour. The researchers of this study suggest that motivational interviewing (MI) may complement CBT. MI is a type of counselling that focuses on the person and helps them deal with ambiguous feelings about making changes to their behaviour. This study examined the effectiveness of cognitive motivational behaviour therapy (CMBT) in treating gambling disorder.

What the researchers did

The researchers recruited patients seeking help for problem gambling at an outpatient treatment center in the United States. Patients were screened for eligibility through a clinical interview. They had to be at least 18 years old and had at least a grade 6 education. The exclusion criteria included having psychotic symptoms, organic brain disease, alcohol or drug dependence, or suicidal ideas/attempts. A total of 86 patients were eligible, and 46 agreed to participate. Most participants were men (70%).

Participants were randomly assigned to either receive 12 sessions of CMBT (CMBT group) or 12 sessions of weekly Gamblers Anonymous meetings (GA group). Participants in the GA group could attend more than one GA meeting per week, which would mean more than 12 GA meetings over the course of the study.

What you need to know

This study examined the effectiveness of cognitive motivational behaviour therapy (CMBT) in treating gambling disorder symptoms. The researchers recruited 46 patients seeking help for problem gambling at an outpatient treatment center in the United States. Participants were randomly assigned to receive 12 sessions of CMBT or 12 sessions of weekly Gamblers Anonymous meetings. The findings showed that participants in the CMBT group were more likely to complete treatment. They spent less money on gambling over the course of the study. Both the CMBT and GA groups gambled fewer days and reported fewer gambling disorder symptoms at the end of the study. The CMBT group reduced their gambling spending and frequency regardless of their level of motivation to change. But among the GA group, only those with moderate to high motivation to change attended more GA meetings and reduced their gambling behaviour.

There were four assessment points: before treatment, immediately after treatment, and at 3- and 6-month follow-up. Participants provided their demographic information. Additionally, they completed the following measures:

- The National Opinion Research Center DSM-IV Screen was used to diagnose gambling disorder.
- The South Oaks Gambling Screen was used to assess the severity of participants' problem gambling. A score of 3 or higher was used to indicate subclinical problem gambling.
- Gambling behaviour was assessed using the timeline-follow-back method. Days gambled and

amount of money spent in the 3 months before each assessment point were recorded.

- Readiness to change was assessed using the University of Rhode Island Change Assessment Scale.

The researchers also contacted significant others (e.g., spouses, partners, adult children, relatives) with the permission of the participants. The purpose for this contact was to ask the significant others about whether the participant had engaged in gambling, on how many days, and how much money they lost.

What the researchers found

The researchers found that CMBT helped people with gambling disorder stay in treatment. Most of the participants (96%) completed the full course of CMBT, including follow-up assessments. In contrast, among the 23 patients assigned to the GA group, only 6 patients (26%) attended 12 or more meetings, while 10 patients (43%) did not attend any GA meetings.

The higher retention rate in CMBT was linked to reduced gambling behaviour. Compared to before treatment, CMBT participants spent 80% less money on gambling after treatment, and this reduction was maintained during follow-up. GA participants only reduced their spending by 38%, which was maintained during follow-up. Both the CMBT and GA groups gambled fewer days over the course of the study. Both groups had fewer gambling disorder symptoms at the end of the study compared to before treatment. At the 6-month follow-up, more participants in the CMBT group scored below the cut-off for problem gambling.

Participants in the CMBT group reduced their gambling spending and frequency regardless of their level of motivation to change. But among the GA group, only those with moderate to high motivation to change attended more GA meetings and reduced their gambling behaviour. Those with low readiness to change continued to gamble at the same level as they did at the start of the study. They also did not increase their GA attendance.

Due to the small number of participants, the researchers could not analyze gender differences. However, they noted that all women assigned to the CMBT group completed the 12 treatment sessions, while none of the women assigned to the GA group completed 12 GA sessions.

How you can use this research

Mental health professionals working with people experiencing problem gambling can use this study to guide their treatment choices.

About the researchers

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Citation

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About Greo Evidence Insights

Greo Evidence Insights is an independent, non-profit organization specializing in research, knowledge mobilization, and evaluation in the health and well-being sectors. Greo transforms research and insights into actionable strategies to prevent and reduce harm related to gambling, gaming, technology use, and substance use. To learn more about funding for Research Snapshots visit our website.