

knowledge snapshot



A systematic review of exposure therapy for gambling disorder

What this article is about

Gambling disorder (GD) is a behavioural addiction. People with GD struggle to control their gambling, which negatively impacts aspects of their lives, such as their finances, relationships, and/or mental wellbeing. GD is often treated using cognitive behavioural therapy (CBT). In CBT for GD, a person's irrational beliefs about gambling are targeted for treatment. The behavioural part of CBT targets the person's gambling behaviours.

One way to target behaviours is through exposure therapy. In exposure therapy, the client is confronted with cues and situations that trigger gambling cravings. To reduce the cravings, the client must repeatedly expose themselves to these cues and situations. Eventually, the client will experience habituation, a process where the cravings naturally diminish over time.

Research has been done to look at the effectiveness of exposure therapy in treating GD. However, there are no comprehensive reviews of these individual studies. The purpose of this article was to conduct a systematic review on the use of exposure therapy in treating GD.

What was done?

The researchers selected studies that met the following criteria: 1) used exposure therapy; 2) measured severity of GD, gambling behaviours, cravings, or perceived self-efficacy (i.e., the belief that one can resist and not gamble in a gambling situation); and 3) used a screening instrument or clinical interview to diagnose GD. Studies also needed to be written in English or French, and be published after 1979.

Why is this article important?

Exposure therapy for gambling disorder (GD) involves exposing people to situations and cues that trigger gambling cravings or behaviours. The authors of this article identified studies that examined exposure therapy to treat GD and summarize the results in a systematic review and meta-analysis. The authors identified 13 studies that examined the effects of exposure therapy on people with GD. They analyzed the results of 6 of these studies in a meta-analysis. Their analyses revealed that people who completed exposure therapy for GD experienced a reduction in GD-related symptoms, gambling cravings, time spent gambling, and erroneous beliefs about gambling at post-treatment. A reduction in some outcomes was also seen at last follow-up (usually 6 to 12 months post treatment).

The researchers looked for relevant studies in selected databases. The search strategy included key terms for exposure therapy and its synonyms, and key terms for gambling. The databases selected were PsychNET, MEDLINE, and Google Scholar.

The researchers reviewed studies identified by their search strategy and decided whether to include them or not based on their selection criteria. Studies were first screened using their titles and abstracts, and then the full papers were read. The primary outcome of interest was gambling cravings. Gambling behaviours (time and money spent gambling, frequency of gambling), symptoms of GD, perceived self-efficacy, and irrational beliefs related to GD were considered secondary outcomes.

What you need to know

The initial search yielded 3406 papers. After the two-phase screening process, 13 papers were included in the systematic review. Four studies involved only single cases, and one study had only two participants. Six of the studies had enough data to be included in the meta-analyses. A meta-analysis is a way of summarizing the results of multiple studies on the same topic using statistical analyses. Meta-analysis allows researchers to pool the results from different studies together to answer a research question.

Of the 13 studies, nine took place in an outpatient setting, 3 took place in an inpatient setting, and 1 study did not indicate the setting. The method of exposure was in vivo (for three studies), imaginal (for three studies), and a mix of in vivo and imaginal (for seven studies). In vivo exposure refers to exposure that takes place in-person rather than through using imagining techniques. In 12 studies, participants mainly gambled on electronic gaming machines. In the remaining studies, the majority bet on horse races.

There was an average of 23.1 exposure sessions across the studies. Five of the studies considered habituation as the mechanism of action in exposure therapy. Two studies concluded that altering the behaviour (i.e., not gambling when exposed to a trigger) was what helped participants to stop craving gambling. Another study thought that showing participants that they could resist gambling when they craved it was how the treatment worked.

For studies that were included in the meta-analyses, the last follow-up was usually 6 or 12 months post-treatment. The researchers found that exposure therapy was effective in reducing gambling cravings at post-treatment and at last follow-up. Also, people undergoing exposure therapy experienced a decrease in symptoms related to GD at post-treatment and at last follow-up. They also spent less time gambling per month at post-treatment compared to before they started treatment. Finally, people who completed exposure therapy had fewer erroneous beliefs about gambling at last follow-up compared to before treatment.

Who is it intended for?

This research could be useful for clinicians and other health care professionals who work with people with GD. The results of this review indicate that exposure therapy is a promising approach in treating GD. But there is a need for more rigorous studies to evaluate the use of exposure therapy for GD.

About the researchers

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