



What are the benefits and limitations of contingency management?: Perspectives of gambling treatment providers

What this research is about

Contingency management (CM) is a therapeutic technique that rewards target behaviours, such as abstaining from gambling, to encourage the behaviours to occur again. CM is an effective way of encouraging people to attend treatment for substance use disorders. CM has also been shown to help people stay in therapy (i.e., to prevent dropout). There is little research on the use of CM in the treatment of gambling disorder. It is important to understand the perspective of treatment providers, since they would be providing this service.

The aim of this study was to examine treatment providers' perspectives on adding CM to existing psychological treatments for gambling disorder. The authors were interested in treatment providers' assessments of the benefits and barriers to providing CM to people with gambling problems.

What the researchers did

The authors recruited 30 treatment providers. They wanted to recruit at least 5 participants from each of the following groups: managers/senior clinicians, frontline advice workers, and therapists/counsellors. The authors approached several treatment services sites in the UK, and those willing to participate in the study distributed information about the study to their staff.

Participants all completed a semi-structured interview with the first author of this study. In the interview, CM was described to the participants and three questions were asked: (1) Do you feel CM could be a successful approach in treating people with gambling disorder?; (2) Would you be interested in delivering such a program if it became available?; and (3) What

What you need to know

The usefulness and feasibility of contingency management (CM) for treating gambling disorder has not been a topic of much research. CM works by rewarding target behaviours, such as abstaining from gambling. The aim of this study was to investigate what treatment providers thought of using CM to treat gambling disorder. 30 treatment providers in the UK learned about CM and were asked what they thought the benefits and limitations of this approach were. The authors identified four themes from the interviews. The first theme was that CM did not align with personal treatment philosophies, but participants were open about it. The second theme was concern about CM's perceived similarity to gambling. The third theme was the concern that CM could be manipulated and rupture the therapeutic alliance. The fourth theme was about how CM might be implemented and delivered.

type of barriers to success do you think this type of approach might encounter?

Participants were also presented with two scenarios for how CM could work. In the first scenario, clients would be rewarded with credits when they provided bank statements or other evidence of their abstinence from gambling. In the second scenario, attending treatment would be rewarded by a voucher for food or other goods. Participants were asked about the strengths and weaknesses of each scenario.

The interviews were recorded and then transcribed. Themes from the interviews were identified through a coding process of the interview transcripts.

What the researchers found

The researchers identified four themes from the interviews. The first theme was “clash of philosophy, but willing to be swayed”. Some participants described treatment philosophies that center around personal motivation and empowerment, and these philosophies were seen as incompatible with CM. Participants also expressed that CM could be seen as disempowering and paternalistic. However, most were open to the idea of CM if there was further research into its effectiveness. Other participants felt CM could fit with their current approach to treatment.

The second theme was “CM could reinforce similar patterns of behaviour to gambling”. As gambling inherently involves money, most participants expressed concern that the use of rewards in CM is similar to gambling. Many participants expressed the view that breaking the connection between performing a behaviour and getting a reward is important to help someone to quit gambling, and CM is too similar to gambling in this way.

The third theme was “the CM system could be manipulated, reducing trust between client and therapist”. Many participants were concerned that CM could be manipulated by clients to gain money to gamble, for instance, by selling the vouchers. Other participants were not sure about the feasibility of clients proving proof of abstinence from gambling. Some had concerns that there are many ways the CM system could be cheated. Another problem with CM is that it could rupture the alliance between client and therapist and reduce trust. As a result, clients would be less open about their struggles with gambling.

The fourth theme was “it’s about what you do and how you do it”. Participants felt that CM could be useful for specific groups of clients, and it should not be offered to everyone. Participants emphasized the need for careful planning of how CM is delivered. More participants favoured the use of CM to target attendance early in treatment than abstinence. Participants also favoured providing credits that could be exchanged for services relevant to recovery than vouchers. Some participants expressed concerns about the costs of implementing CM.

How you can use this research

This research would be useful to researchers and clinicians who treat people with gambling disorder. More research is required on CM to determine its feasibility in the treatment of this population.

About the researchers

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