

research snapshot

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Development of a meta-cognitive training program for people with gambling problems

What this research is about

People with gambling problems experience many negative financial, social, and health consequences. Yet, it is estimated that 90% of people with gambling problems do not seek treatment. Reasons may include lack of treatment availability, not being aware of treatment options, costs, and lack of time. Also, people may not seek treatment because of shame and guilt or because they deny having a problem. It is therefore important to develop an effective and low-cost treatment that people can easily join.

The aim of this study was to pilot test such a treatment program. The researchers developed a meta-cognitive training program (Gambling-MCT) that targets false gambling beliefs and depression in people with gambling problems. Meta-cognition refers to monitoring and understanding one's thinking. Many people with gambling problems have false beliefs and biases about gambling. For example, the illusion of control is a belief that one can control gambling outcomes. Also, depression is common among people with gambling problems. Gambling-MCT aims to help people recognize and change their thinking that can contribute to their gambling beliefs and depression. In this study, the researchers evaluated if the program was feasible, safe, and acceptable to use for people with gambling problems.

What the researchers did

The researchers developed Gambling-MCT with eight modules. Four modules focus on meta-cognition such as false gambling beliefs and how people think about their gambling wins and losses. The other four modules focus on how to manage self-esteem and mood, debt, gambling urge, and relapse.

What you need to know

The aim of this study was to pilot test a meta-cognitive training program (Gambling-MCT) for people with gambling problems. Gambling-MCT aims to help people recognize and change their thinking that can contribute to their false beliefs about gambling and depression. Participants were 25 adults with gambling problems. The results showed that participants reduced their false beliefs and improved their gambling problems after the program. Most participants were satisfied with the program. Overall, Gambling-MCT appeared to be feasible, safe, and acceptable. The findings will inform a clinical trial to assess the program's short- and long-term impacts.

The researchers recruited 25 adults who felt they had gambling problems to pilot test the program. Most of the participants were recruited from an outpatient clinic or a counselling center for addiction in Hamburg, Germany. A few participants were recruited through a Google AdWords campaign. Twenty-three participants were male (92%). Six participants were undergoing another gambling treatment (24%).

At the beginning of the study, participants provided their sociodemographic information (e.g., gender, age, education). They completed the Yale-Brown Obsessive Compulsive Scale Adapted for Pathological Gambling (PG-YBOCS) that assessed their gambling symptoms. Participants also completed the Gambling Attitudes and Beliefs Scale (GABS) that assessed their gambling attitudes and beliefs. Most participants had moderate problematic gambling symptoms, unhealthy gambling attitudes and false gambling beliefs.

Trained psychologists ran the Gambling-MCT modules weekly in an open group format at the two clinic settings. Each session included exercises to help participants uncover and work on their thinking about gambling. Pictures, videos, and illustrations were used to stimulate the training. Participants also received homework sheets and exercises to help them transfer what they learned into their everyday life. Each session lasted 60 minutes. Before and after each session, participants completed a questionnaire that asked about their gambling thoughts, emotional states, motivation to quit gambling, illusion of control, and chasing (i.e., wanting to gamble to win back money lost). Participants also rated what they thought about the session.

After the eight weeks of Gambling-MCT, participants completed the PG-YBOCS and GABS to assess their gambling symptoms, attitudes, and beliefs again. They also rated the program using a patient satisfaction questionnaire. Almost three-quarters of participants completed the post-study survey.

What the researchers found

On average, participants attended four of the eight sessions. Six participants attended all eight sessions, and six attended only one session. Participants reported fewer false gambling beliefs and biases after the program. They also reported fewer problematic gambling symptoms. There were no differences between participants who attended only Gambling-MCT and those who also had another treatment. Most participants rated the quality of program as good to excellent and said they would recommend it to someone with similar problems. Many thought that Gambling-MCT met their expectations and helped them cope with their problems more successfully.

Overall, Gambling-MCT appeared to be feasible, safe, and acceptable. The researchers noted certain changes that need to be made. Most modules seemed to reduce gambling thoughts and improve belief in ability to control gambling after the session. However, module two on gambling beliefs and biases did the opposite. This module presented the most gambling-related pictures and might have triggered gambling urge. Thus, the researchers intended to revise it.

How you can use this research

The findings of this study will inform a clinical trial to assess the short- and long-term impacts of Gambling-MCT, including changes to depressive symptoms. Future research will need to explore how to improve people's willingness to attend gambling treatment.

About the researchers

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Citation

Gehlenborg, J., Bückner, L., Berthold, M., Miegel, F., & Moritz, S. (2020). Feasibility, acceptance, and safety of metacognitive training for problem and pathological gamblers (Gambling-MCT): A pilot study. *Journal of Gambling Studies*. Advance online publication. <https://doi.org/10.1007/s10899-020-09975-w>

Study funding

Open Access funding provided by Projekt DEAL. This study was not funded by external sources.

About Gambling Research Exchange (GREO)

Gambling Research Exchange (GREO) has partnered with the Knowledge Mobilization Unit at York University to produce Research Snapshots. GREO is an independent knowledge translation and exchange organization that aims to eliminate harm from gambling. Our goal is to support evidence-informed decision making in safer gambling policies, standards, and practices. The work we do is intended for researchers, policy makers, gambling regulators and operators, and treatment and prevention service providers.

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