

research snapshot

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Three patterns of recovery after cognitive behavioural therapy among young men with gambling disorder

What this research is about

People with gambling disorder (GD) have an uncontrollable urge to gamble despite negative consequences. People with GD often suffer from other mental health or psychiatric disorders. To treat GD, we need to understand who is vulnerable and how they respond to treatment. Cognitive behavioural therapy (CBT) helps people learn skills and strategies to solve problems in their life. It helps people notice and change harmful thought patterns, which in turn can help them change their behaviour.

CBT can help people with GD during therapy. However, we do not know how long this improvement lasts. We also do not know if CBT helps certain groups with GD more than others. This study explored if there are subgroups of young adults with GD who respond differently to CBT. It also looked at how sociodemographic or clinical characteristics are associated with different recovery patterns.

What the researchers did

The participants were 192 patients seeking treatment for GD at a hospital in Barcelona, Spain. All participants were males between the ages of 18 and 35 who were diagnosed with GD. Patients with intellectual disabilities or severe mental disorders were excluded from the study.

Participants completed an initial screening where they completed the following:

- Diagnostic Questionnaire for Pathological Gambling According to DSM Criteria
- South Oaks Gambling Screen
- Symptom Checklist-90 Items-Revised
- Temperament and Character Inventory-Revised

What you need to know

Cognitive behavioural therapy (CBT) is used to treat gambling disorder (GD). However, we do not know if there are different recovery patterns after receiving CBT. This study followed 192 young male patients with GD while they attended a 16-week CBT program. It tracked their gambling behaviour and psychological state for six months after the CBT treatment ended.

Participants fit into three distinct groups based on how they responded to the CBT. In two groups, participants responded well to CBT and their GD levels decreased and stayed low for the six months following CBT. In the third group, participants GD improved somewhat with CBT. However, this improvement did not last after the CBT sessions ended. Participants in this group had higher harm avoidance and lower self-directedness. This could make them more vulnerable to relapse.

- Interview about age of onset of GD, duration of addiction, and sociodemographic information.

Participants learned about GD, CBT methods, and stress- and gambling-coping techniques. After this, they attended weekly group CBT sessions for 16 weeks. The CBT sessions aimed to help participants stop gambling entirely. Participants had group discussions and shared their experiences. They worked on reframing their thoughts and practiced problem-solving and prevention techniques.

After the 16 weeks of CBT, participants attended follow-up sessions monthly for six months. In these sessions, clinicians evaluated their gambling

behaviour and psychological state. Only 137 participants completed the follow-up sessions.

What the researchers found

The researchers found that participants fit into three groups based on how they responded to CBT.

Group 1 – 61.5% of participants

Participants had severe GD before the CBT sessions but improved to low levels by the end of the CBT sessions. They continued to have low levels of GD for the six months after CBT.

Group 2 – 32.3% of participants

Participants had moderate-high GD before CBT and low levels of GD by the end of CBT. They continued to have low levels of GD for six months after CBT.

Group 3 – 6.3% of participants

Participants had severe GD before CBT and moderate levels by the end of CBT. During the six-month follow-up, their GD returned to its original severity.

Participants in Groups 1 and 2 responded well to CBT and had similar sociodemographic characteristics. Participants in Group 3 did not respond as well to CBT. They were distinct from Groups 1 and 2 in that they had worse mental health state before CBT, higher harm avoidance (e.g., being overly worrying, shy, and pessimistic), and lower self-directedness (e.g., less able to regulate and adapt their behaviour). They also had lower education levels and socioeconomic status.

How you can use this research

This study shows that clinicians need to consider patient characteristics that may hinder recovery.

About the researchers

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Citation

Granero, R., Valero-Solis, S., Fernández-Aranda, F., Gómez-Peña, M., Moragas, L., Mena-Moreno, T., ... Jiménez Murcia, S. (2020). Response trajectories of gambling severity after cognitive behavioral therapy in young-adult pathological gamblers. *Journal of Behavioral Addictions*, 9(1), 140–152.
<https://doi.org/10.1556/2006.2020.00008>

Study funding

This study was supported by the Ministerio de Economía y Competitividad (PSI2015-68701-R), the Delegación del Gobierno para el Plan Nacional sobre Drogas (2017I067, 2019I47), Instituto de Salud Carlos III (ISCIII) (FIS PI14/00290, PI17/01167) and co-funded by FEDER funds/European Regional Development Fund (ERDF). TMM and MLM are supported by a predoctoral Grant of the Ministerio de Educación, Cultura y Deporte (FPU16/02087; FPU15/02911).

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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