

knowledge snapshot



Exploring self-management strategies that could be used to deal with problem gambling

What this article is about

This article reviews research studies to identify and describe self-management strategies for problem gambling (PG). PG is repetitive gambling behaviour that leads to negative consequences. PG rates vary across studies, with some studies reporting as many as one in 14 people suffering from PG. People with PG often have other health and social problems such as alcohol and drug addiction. Many gambling treatment programs are not designed to treat co-occurring problems. Further, very few people with PG seek professional help.

Self-management strategies are techniques people can use to deal with their health problems on their own. Self-management strategies can be used without the help of a therapist, or a therapist may use them as part a treatment plan. Research suggests that self-management strategies can be effective for people who are addicted to alcohol and marijuana. They are also useful for helping people exercise more and improve their diet. There is a lack of research summarizing self-management strategies used for PG. A review published in 2008 found that self-management strategies for PG focused on only self-help manuals and audiotapes. Thus, this new review builds on the work done in the 2008 review.

What was done?

The authors searched online databases for peer-reviewed journal articles that explored the different types of self-management strategies used by adults with PG. To be included, studies must have been published between 2000 and 2017 and use a valid screening tool to diagnose PG. The authors found 31 studies that met their criteria. They presented these

Why is this article important?

People with problem gambling (PG) rarely get help from a therapist. Self-management strategies are strategies that people use on their own to manage their PG. The authors reviewed 31 studies that investigated self-management strategies used by adults with PG. They identified 24 self-management strategies, which could be grouped into four categories. Most of the studies examined behavioural strategies including self-exclusion and limiting time and money spent on gambling. Another common strategy was the use of workbooks. More research is needed to explore whether certain self-management strategies work better for certain groups of people.

studies in a table. The table lists the authors of each study, type of research methods used, number of participants and their socio-demographics including sex, age, race or ethnicity, if the study was done in a clinic, if it investigated a particular group of people, and if participants had co-occurring health problems.

The authors grouped the self-management strategies into four categories: behavioural self-management strategies, cognitive self-management strategies, coping strategies, and multi-part interventions. Behavioural strategies change people's behaviour in some way so they can manage their gambling. Cognitive strategies deal with thoughts and beliefs about gambling. Coping strategies improve people's skills to deal with their gambling behaviour. Multi-part interventions use many different strategies to help people change their gambling behaviour.

What you need to know

The authors identified 24 self-management strategies. The most common strategies that the studies investigated were behavioural strategies including self-exclusion and limiting time and money spent on gambling. Self-exclusion is when people ask a gambling venue, such as a casino, to ban them from entering. Seven studies examined self-exclusion and generally reported that it could help people manage their gambling problems. However, people tended to breach their self-exclusion. Five studies examined time and money limiting. Evidence suggests that it may not work for people with severe PG.

Two studies explored cognitive restructuring that replaces people's erroneous or negative thoughts about gambling with realistic and positive thoughts. Four studies investigated coping strategies and other self-directed activities. These might include mindfulness and relaxation breathing. Studies with multi-part intervention used many tools, including cognitive behavioural therapy (CBT), workbooks, and personalized feedback tools. Two studies examined self-help CBT and found that it could reduce gambling problems and improve other outcomes (e.g., mental health). Nine studies examined workbooks with exercises. Workbooks seemed to work well for people with PG. Two studies examined personalized feedback tools. These tools could reduce the number of days gambled, although few gamblers actually used them.

Many studies did not investigate how co-occurring health problems might affect the types of self-management strategies used. There was also a lack of studies exploring whether the types of strategies used depend on socio-demographics such as age, income, gender, and ethnicity.

Who is it intended for?

Researchers could use this review to explore whether people who have support from family and friends are more likely to benefit from self-management strategies for PG. More research is also needed to explore whether certain self-management strategies work better for certain groups of people. These could include older adults, younger adults, adults with low

incomes, and adults of different ethnicities. Treatment service providers could design programs for people with PG and co-occurring problems.

About the researchers

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