Developing a cognitive behavioural therapy treatment for Chinese problem gamblers

What this research is about

Chinese people may be at higher risk for developing gambling problems than other cultural groups. Research suggests that cognitive behavioural therapy is an effective treatment option for problem gambling. This therapy involves helping people identify and manage triggers, beliefs and emotions related to gambling. Cognitive behavioural therapy may be more effective if it incorporates the cultural characteristics and needs of the Chinese population. This study tested the effectiveness of a cognitive behavioural therapy group manual developed for Chinese problem gamblers in Hong Kong.

What the researcher did

The researchers developed a cognitive behavioural therapy treatment group manual that incorporated important Chinese triggers, beliefs, rituals and practices. To test the treatment, 36 participants were recruited from a problem gambling counselling centre in Hong Kong. The participants were male adults aged 18–65 years who were experiencing problem gambling. The researchers randomly assigned 18 participants to the experimental group and 20 participants to the control group. The experimental group received 10 weekly cognitive behavioural therapy sessions and individual counselling sessions. The control group only received the individual counselling services.

The participants completed questionnaires before and at the end of the treatments to assess gambling behaviours, gambling-related beliefs, depression, anxiety and stress-related symptoms and gambling urge.

What the researcher found

Culturally specific cognitive behaviour therapy group treatment for Chinese problem gamblers may be an effective treatment option.

In the experimental group, problem gamblers showed major improvements. At the end of treatment, they gambled less frequently, had less distorted beliefs about gambling and less desire to gamble. They also were less depressed and anxious, and reported less stress.

In the control group, the problem gamblers showed little changes in their gambling behaviours, gambling-
related beliefs, depression, anxiety and stress related symptoms and gambling urge at the end of the study.

The cognitive behavioural therapy group treatments may have helped problem gamblers change their harmful thoughts about gambling. This reduction in harmful gambling-related thoughts may have reduced their desire to gamble and the frequency of gambling.

How can you use this research?

Gambling treatment providers should attempt to address culturally relevant triggers and beliefs when working with Chinese problem gamblers. Health promoters should also incorporate cultural beliefs and values when developing gambling prevention and treatment strategies targeted for different cultural populations.

About the Researcher

Daniel Fu Keung Wong and Janet Wu are affiliated with the Department of Applied Social Studies, City University of Hong Kong. Catherine Lai Ping Chung is affiliated with the Department of Social Work and Social Administration, University of Hong Kong. Joe Tang and Patrick Lau are affiliated with the Caritas Addicted Gamblers Counseling Centre, Caritas Social Services of Hong Kong.

Correspondence about this article can be addressed to Daniel Fu Keung Wong: dfk.wong@cityu.edu.hk

Citation


Keywords

cognitive behavioral therapy, pathological gambling, Hong Kong problem gamblers, Chinese problem gamblers

Gambling Research Exchange Ontario (GREO)

Gambling Research Exchange Ontario (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 responsible 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.

Learn more about GREO by visiting greo.ca or emailing info@greo.ca.