

knowledge snapshot



More treatment sessions may improve treatment outcomes for adults with problem gambling and gambling disorder

What this article is about?

This article reviews evidence about whether attending more gambling treatment sessions can enhance recovery from gambling problems. Gambling is a popular activity. Many adults gamble for fun. However, some adults are harmed by gambling. They may develop problem gambling or gambling disorder. Problem gambling is repetitive gambling behaviour that leads to negative consequences. Gambling disorder is a more severe form of problem gambling. These conditions affect some adults worldwide. It is important to have useful treatments for people who are experiencing gambling problems.

Research suggests that there are three types of face-to-face psychological treatments with the most evidence for treating problem gambling and gambling disorder. Cognitive behavioural therapy teaches people to change their thoughts, attitudes, and beliefs that cause them problems. Motivational interventions increase people's motivation to change. Personalized feedback interventions provide people with feedback about their own behaviour to encourage them to change. However, there is debate on whether attending more treatment sessions is more likely to yield favorable outcomes from problem gambling or gambling disorder.

In this study, the authors reviewed research studies about in-person psychological treatments for adults with problem gambling and gambling disorder. They explored if the number of treatment sessions patients are prescribed (that is, the intended treatment dose) and the number of sessions they attend (that is, the received treatment dose) affect their recovery (that is, the treatment outcome).

Why is this article important?

Research suggests that certain face-to-face treatments are effective at treating problem gambling and gambling disorder. However, there is debate about how many treatment sessions adults should attend. The authors reviewed 14 randomized controlled trials. The evidence suggests that the more treatment sessions patients are prescribed and the more treatment sessions they receive, the better their treatment outcomes. The authors suggest areas of future research. They also suggest some steps that treatment service providers can take to improve treatment outcomes for their patients.

What was done?

The authors followed the PRISMA guidelines in their review. First, they searched for relevant studies using two databases (PsycINFO and PubMed). They also searched for studies from a Cochrane review and a recent systematic review. The studies they included in their review were randomized controlled trials. That is, the studies were clinical trials comparing treatment and control conditions, and participants were randomly assigned to the conditions. The studies described in-person psychological treatments with a therapist. The treatments had to be cognitive behavioural therapy, motivational intervention, or personalized feedback. The authors found 14 studies that met their inclusion criteria.

The authors listed all 14 studies in a table. The table described the characteristics of participants in each study. It also described the type of treatment they received. To determine how effective the treatment

was, the authors examined participants' gambling behaviour after they completed treatment. Specifically, they examined treatment outcomes related to how often participants gambled, how much money they spent on gambling, how much time they spent gambling, and how severe their gambling problems were based on validated assessments.

The authors assessed the quality of the studies using four criteria from the Cochrane Risk of Bias tool. The four criteria included: how participants were randomly assigned to study conditions; if allocation of participants to study conditions was concealed to investigators; if participant condition assignment was hidden from the investigators when assessing the outcomes; and if data for treatment outcomes was handled appropriately.

What you need to know

There were 19 treatment-control comparisons across the 14 studies. Control conditions included waitlist, assessment only, referral to Gamblers' Anonymous, and psychoeducation. Seven studies were from the United States, five were from Canada, and two were from Australia. Cognitive behavioural therapy was used most often in the studies. The quality of most studies was low (e.g., lacking information about concealing participant assignment to study conditions).

The evidence suggested that the more treatment sessions participants were prescribed, the better treatment outcome they had. The evidence also suggested that the more treatment sessions participants attended, the better their treatment outcome were. These findings suggest that there is a relationship between treatment dose and outcome.

Who is it intended for?

This article is intended for treatment providers and researchers. The authors suggested that researchers investigate the relationship between treatment dose and its effect on treatment outcome in the long-term. The authors also suggested that treatment providers regularly monitor their patients' symptoms to determine the treatment dose. This article is also intended for gambling regulators, policy makers, and

funding agencies. A lack of funding might have contributed to the low quality of many studies. Funding of research could advance the treatment of problem gambling and gambling disorder.

About the researchers

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Citation

Pfund, R. A., Peter, S. C., Whelan, J. P., Meyers, A. W., Ginley, M. K., & Relyea, G. (2020). Is more better? A meta-analysis of dose and efficacy in face-to-face psychological treatments for problem and disordered gambling. *Psychology of Addictive Behaviors*. Advance online publication.

<https://doi.org/10.1037/adb0000560>

Study funding

This study was funded by a dissertation grant from the National Center for Responsible Gaming.

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

