

Treating Gambling Disorder: A Guide for CHA Providers

There are a variety of evidence-based treatment approaches for clients experiencing Gambling Disorder (GD). The available empirical evidence supports the use of cognitive behavioral therapy, motivational enhancement/interviewing, guided self-help interventions, and personalized feedback. Developing empirical evidence supports the use of some medications for the treatment of GD.



Cognitive Behavioral Therapy (CBT)

CBT is one of the most common and well-studied treatments for GD. This treatment seeks to change thoughts and behaviors that help maintain disordered gambling. CBT for the treatment of GD helps clients identify and correct cognitive distortions about gambling, develop problem solving skills and social skills, and avoid relapse.

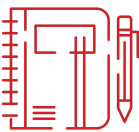
For more: <https://www.greo.ca/Modules/EvidenceCentre/Details/systematic-review-and-meta-analysis-cognitive-behavioural-interventions-reduce-problem>



Motivational Enhancement/Interviewing

These brief therapeutic strategies (e.g., motivational counseling and resistance reduction) help an individual to explore, acknowledge, and resolve their ambivalence toward changing their gambling behavior. Clinicians can provide these interventions on their own or as a supplement to other types of interventions.

For more: <https://www.greo.ca/Modules/EvidenceCentre/Details/motivational-interviewing-meta-analysis-confirms-its-value-treatment-option>



Guided Self-Help Interventions

These include self-guided activities and information workbooks that help an individual reduce or stop their gambling. These strategies are sometimes used in conjunction with planned support (such as from a provider or a helpline specialist) in the form of a brief explanatory/informational phone call or motivational enhancement/interviewing.

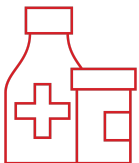
For more: <https://www.greo.ca/Modules/EvidenceCentre/Details/motivational-enhancement-and-self-help-treatments-for-problem-gambling>



Personalized Feedback

These brief interventions require an individual to report on their gambling behaviors (e.g., amount of time or money spent gambling). The individual then receives feedback on whether their behaviors are similar to, or different from, how most people behave. Delivery of this feedback might be coupled with motivational enhancement/interviewing.

For more: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5322985/>



Medications

There is no FDA-approved pharmacotherapy for the treatment of GD; however, a variety of medications are being tested and some show promise (such as escitalopram, lithium, nalmefene, valproate, topiramate, paroxetine, and naltrexone). Pharmacotherapy for the treatment of conditions that occur alongside GD may help relieve GD symptoms.

For more: <https://www.greo.ca/Modules/EvidenceCentre/Details/a-review-of-medications-for-gambling-disorder>

Visit the MA Department of Public Health, Office of Problem Gambling Services website for more on evidence-based treatment approaches for gambling problems: <https://www.mass.gov/resource/practice-guidelines-for-treating-gambling-related-problems>

Call 1-800-327-5050 or visit <https://gamblinghelpline.org> to find local treatment programs, mutual support groups, self-help and harm reduction resources, and support for family and friends.

Visit the Division on Addiction at Cambridge Health Alliance website for the free Your First Step to Change gambling self-help workbook: <https://www.divisiononaddiction.org/outreach-resources/your-first-step-to-change/>