An Evaluation of the Efficiency of Currently Used Addiction Treatment Methods in Addressing Gambling Addiction and Relapse Prevention

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Abstract

The scope of this article is to evaluate the effectiveness of treatments used to address gambling addiction: a globally spread condition that involves the uncontrollable urge to partake in playing risky games for the possibility to earn money. This condition is caused by various psychological, neurological, and environmental influences, which can affect one's daily life, as well as the lives of people around them. Over the years, various treatment programs and medications have been employed to overcome the prevalence of gambling addiction. However, the population of gambling addicts within the United States has only increased within the past couple of decades, bringing the efficiency of such solutions into question. Consequently, this study aims to identify and interact with health professionals and former gambling addicts through a mixed-method approach consisting of a Delphi panel and an interview process to further evaluate the effectiveness of these solutions and potentially change methods used to approach addictions by creating an optimal solution for clients. As a result of this study, it can be concluded that although treatment programs and medications that are being provided for clients to use are effective solutions for gambling addiction, they are not the most optimal solutions to use as they contain significant limitations such as the lack of an incentive for clients to continue treatment programs and the inability to address the high risk of relapse amongst clients effectively.

Introduction

e human brain contains multiple circuits known as the reward system [1]. When going through a rewarding experience, hormones, and chemical messengers that send signals into the bloodstream and regulate emotions, are released through these circuits [2].

Dopamine is a hormone produced in the reward system which influences the feeling of pleasure. Extensive neurological studies have proven that addictions derive from the overproduction of dopamine. Additionally, the risk and reward system associated with gambling can deliver 10 times the normal amount of dopamine produced [3].

e brain is then conditioned into craving this reaction, and thereby can lead to an addiction to gambling. For this reason, neurology and brain functions can significantly impact or prompt the progression of gambling addiction.

However, the psychological and environmental factors associated with the gambling experience drive the severity of the addiction. e compelling nature of gambling is often credited to the satisfaction of employing a risky but entertaining process to earn more money. While this assumption isn't completely incorrect, Jacob Avery, a Ph.D. candidate in sociology at the University of Pennsylvania, emphasizes that gamblers often play for the thrilling experience that is provided by casino environments rather than the idea of gaining money [4].

ese environmental factors may include the satisfying sounds associated with buzzers ringing, the risk and stress produced when betting, and the overproduction of dopamine. When experiencing gambling loss, addicts tend to "make wild bets" to increase the possibility of receiving at least a percentage of the money they gamble, convincing themselves that the experience is worth it [4]. Additionally, many casinos provide gamblers with alcohol and food, making them feels more comfortable within the environment and encouraging them to stay. While this may be beneficial for companies, it provides an incentive for gamblers to become addicted.

Frequent and problematic gambling can cause financial problems which can lead to the breakdown of families and relationships. Oftentimes, the family members of children suffer the negative causes of gamblers' actions, as they go into debt or become homeless. Moreover, most gambling addicts are introduced to the treatment process through family members or friends to encourage them to receive professional assistance for recovery to prevent this issue. For this reason, it is essential to understand the goal of different treatment methods and their approaches to addictions.

Literature Review

is section identifies used treatment methods, the diagnosis process, and relapse prevention. With an understanding of gambling addiction, treatment methods, and the treatment process, the gap within the current body of knowledge can be identified and addressed.

Rehabilitatiof Inblv liiproK rngrX

Rehabilitation treatment programs are primarily used to treat gambling addiction. is may include inpatient rehabilitation or outpatient rehabilitation. Impatient rehabilitation is a structured method used to address all aspects of gambling addiction through therapeutic support [5]. On the contrary, outpatient rehabilitation allows addicts to attend treatment at home while continuing their daily lives [5].

Both types of rehabilitation are provided to clients based on the severity and risk of their addictions. Clients with gambling addiction on the lower side of the spectrum may be trusted to operate their lives while attending to their daily tasks. People with gambling addiction on the higher side of the spectrum or multiple addictions in addition to gambling may be required to attend inpatient rehabilitation.

Medication

Over the years, health professionals have resorted to using various medications and medication programs to address gambling addiction. John E. Grant and Suck Won Kim, Professors in Psychiatry at the University of Minnesota School of Medicine, assert that there are no FDA-approved medications for gambling addiction or addictions in general [6]. However, extensive research, studies, and experiments have shown that medications can help with and are used to alleviate withdrawal symptoms or prevent relapse [6]. These medications may include various antidepressants or medications used to address schizophrenia. In addition, researchers in Internal Medicine at the University of Helsinki, Kaarla Simojoki, and her colleagues identified through a cross-sectional study, that most participants who employed opioid substitution treatments as a way to recover from their addictions were gambling addicts [7]. Brian L. Odlaug and Liana R. N. Schreiber also from the Department of Psychiatry at the University of Minnesota Medical School, assert that this treatment method is typically used because of the impacts of gambling on clients' behavioral patterns and tendencies [8]. Addictions are typically driven by an additional addiction to opioids or alcohol, or can primarily start because of the presence of a health disorder such as depression or anxiety. For this reason, medication is used to combat these issues to address the addiction itself.

Types of Therapy

The use of different types of therapy is recommended by many health professionals to address gambling addiction. According to Tony Tonaetto and Linda C. Sobell, researchers for the Addiction Research Foundation, different types of therapy for addictions include cognitive behavioral therapy, behavior therapy, and group therapy.

Cognitive-behavioral therapy (CBT) is used mainly to change the mindset of the client [9]. This would include changing from a negative mindset to more of an encouraging or positive mindset. Behavior therapy is used to prevent increased gambling for the client. In addition, group therapy is similarly used to change the mindset of the client by being open to more perspectives and providing the opportunity for change [9].

Diagnosis process

While each treatment method provides a different approach to gambling addiction, the diagnosis process for all treatment methods is relatively the same. Many studies done on familial relationships suggest that most gamblers find it hard to detect the issue, but by getting a screening done for "high risk" patient groups and asking questions, identifying the problem can be easier. A positive response to such questions indicates the severity of the addiction and thereby allows patients to be properly diagnosed and put into relative treatment methods. The treatment diagnosis process includes a comprehensive assessment with the client, a meeting with a mental health professional, a gambling screening, gambler's anonymous 20 questions, a game short screener, the DSN5 diagnostic criteria for pathological gambling or gambling disorder, and also an inventory of gambling situations with the client. Health professionals or counselors diagnose clients with FG3.0, pathological gambling, or DSN5 or DSN10, based on the diagnostic criteria scores. Based on what scores the client receives, health professionals or counselors can determine whether they are diagnosed with F63.0, which is known as pathological gambling, or DSN5 or DSN10, which is known as gambling disorder [10,11].

Relapse prevention

Relapse is an issue that commonly occurs amongst all addictions, where the client will move away from their goal of recovering from gambling addiction and go back to their traditional s andraditional

can be analyzed. e panel questions address the effects of addiction treatments, specifically rehabilitation treatment methods, provided therapy programs, and medication, which claims to effectively address gambling addictions. Additionally, the interview process is conducted with a group of former gambling addicts to provide an additional understanding of the treatment process.

Method

A Delphi panel was the most optimal procedure to address the gap in the current body of literature as it provides the ability for panel members to provide their perspectives and reasoning, as well as their thoughts on other perspectives or approaches to gambling addiction.

erefore, the participation of healthcare professionals and former clients was the most logical method to address the gap in the current body of knowledge and potentially create or advance an optimal method of approach to addictions. e additional interview process with former gambling addicts was the most optimal way to truly receive insight into the perspectives of both gambling addicts and the health care workers within treatment methods.

Participants

e participants of the Delphi panel study included health professionals, specifically psychologists, therapists, and counselors at addiction treatment centers, and former gambling addicts who had addressed their gambling addiction through rehabilitation program, therapy, or the use of medication. Psychologists and therapists who participated in the study contained relevant knowledge and experience in addictions and counselors had worked personally in the diagnosis process of credible treatment centers. It was important to consult and include health professionals in the Delphi panel because their responses provided valuable information regarding their perspectives on the effect (both positive and negative) of addiction treatment methods and details regarding the general treatment process. Gender and race were not of influence when being contacted for participation in the study. 2 psychologists, 2 therapists, and 1 counselor were selected to participate in the Delphi panel out of the 50 health professionals that were contacted. Addiction psychologists, addiction therapists, and health care specialists were interviewed separately. Addiction psychologists are trained medical professionals who identify addictions in patients and identify ways to recover from addictions through therapeutic approaches such as motivational interviewing and cognitive-behavioral therapy. Counselors and 10 therapists who participated in the study work in treatment centers in which they work personally with clients through the recovery process. e affiliations of panelists were analyzed. e criteria for selecting panelists include examination and certification, sufficient clinical training, a Ph.D. in psychology, as well as ratings above a 4.0 in addiction counseling. As a part of the Delphi panel, the participants were interviewed two times: once to ask the primary interview questions and the second interview to provide my findings and ask for participants' opinions on the responses. Former gambling addicts have been contacted via Facebook gambling addiction support groups. 2 former gambling addicts participated in the interview process. All participants remained anonymous to each other. Interview questions were not specific to each type of professional, as they were asked technical and personal questions related to the treatment process. However, former gambling addicts and health professionals were asked a different set of questions, considering that participants would have different perspectives and spectrum of knowledge regarding the treatment process and addiction treatment methods.

Materials

e materials used to conduct the study included a device to attend the interview meeting, a device to consensually voice record the interviews separately, and a set of printed interview questions to ask participants. Moreover, I used external sources to research the credibility, validity, and affiliations of potential participants.

Procedure

To efficiently approach the conduction of the Delphi panel, I decided to first plan and formulate my research method. I filled out various documents that were approved by the Institutional Review Board (IRB). After receiving approval, I started to research the credibility, relevance, and affiliations of psychologists, therapists, counselors, and treatment centers that provided one of the following treatment methods to clients: rehabilitation treatment programs, medication, or various therapy methods. After creating a list of contact information, I reached out to potential participants. After finding different certified gambling addiction support groups, I decided to reach out to the former clients by sending them a message via Facebook and calling the health professionals during their available work hours to request two 5-10 minute meetings where the research method and interview would be conducted and approval of consent. If they voluntarily agreed to participate, a link was sent to their respective emails which scheduled a meeting for about a week following the phone call. Attendees then signed a contract that stated that they would respond to questions to the best of their abilities and with accuracy. In preparation for the meeting, an administrator or facilitator was chosen to collect and research data. In this scenario, I was the administrator. A certain individual or individuals who have certified, credible, and relevant knowledge or experience on the subject were chosen. ese individuals discussed and answered questions during the meeting. Such questions came from a concerning issue or topic. is topic, in our case, was gambling addiction treatments and the efficiency of addiction treatment methods. For the health professional interviews, we started to discuss more broad questions concerning addictions during the intermediate summary and continued to discuss gambling treatments such as rehabilitation treatment programs, their financial benefits and repercussions, and medications such as carbamazepine, a medication used for anti-seizure patients. In the first round, I decided

the participants or simply asked personal questions regarding their experience in the treatment process.

Health professionals

Health professionals were primarily asked how they would describe addictions. To this, they all responded that addiction could be de ned as enslavement towards a chemical or activity. is was essential to understand because being able to de ne addiction without a negative or positive connotation displayed whether the health professionals had a certain bias regarding gambling addicts as a demographic.

When asked about their respective treatment centers' diagnosis process, they all asserted that the diagnosis process included a rather complex comprehensive assessment to identify the clients' experience and risk of relapse, as well as the type of gambling addiction disorder they have-pathological or compulsive gambling disorder. is would entail a series of questions as well as a consultation with a counselor, in which they would also be able to identify the di erence between someone who thought they had an addiction to gambling versus having an addiction to gambling. Participants asserted that it was typically the

Following this, clients were asked whether they relapsed. If they did, they were asked how many times they relapsed. Client #1 claimed that he relapsed a total of 4 times during the treatment process. Client #2 relapsed 5 times during the treatment process.

Participants were then asked what encouraged them to finish the treatment process. To this, client #1 responded that his wife's concern for him and the financial state that their family was in because of his addiction, providing an incentive for him to stop relapsing and fulfill the treatment processes the second time through. Client #2 didn't finish the treatment program but instead got rid of his gambling addiction after providing an incentive for himself to quit. He asserted that if he relapsed, he would force himself to go back through the treatment process.

When asked if there were more efficient ways to address gambling addiction or what currently used addiction treatment methods could use to better address relapse and gambling addiction, both clients completely agreed and asserted that psychotherapy was only helpful to have someone to talk to, but it wasn't worth it for the long process that they had to go through. The diagnosis process was also very long, and the treatment programs did not encourage them enough to keep coming back. They told themselves that the experience of gambling was worth all the negative effects it had on their lives, causing them to relapse multiple times. Medication was especially ineffective because both the diagnosis process and the symptoms of the opioids were not efficiently addressing their gambling addictions or preventing relapse.

Through the research process, it can be concluded that different addiction treatment methods are more efficient than others at addressing gambling addiction. While medication has been used to address gambling addiction, finding the right medication, and preventing relapse can take months on end while using the wrong medication can cause severe health symptoms. Additionally, health professionals who were in a treatment program that only provided therapy and rehabilitation programs asserted that medications were only a short-term solution and resulted in a very high risk of relapse. Therefore, rehabilitation treatment methods and different types of therapy are more efficient solutions to address gambling addiction. However, many sectors of these treatment methods are not ideal for clients with a highly integrated gambling addiction. The diagnosis process can be very long for those who have a high risk of relapse, especially if they have been introduced to gambling at a young age through a parent or friend. Additionally, these solutions do not consider the behavioral tendencies of gambling addicts as well as the severity of their addiction.

These behavioral tendencies include not being able to comprehend or admit to the fact that they have an addiction. As aforementioned, many clients are introduced to treatment methods or specialists through their family members or friends.

However, gambling addiction disorder is significantly neurologically integrated into clients' lifestyles that they cannot comprehend their need for health professionals to address their addictions. Thus, clients who are put in their treatment program cannot be expected to fulfill their treatment program or enroll themselves in a separate relapse prevention program if they are not provided an incentive to address the issue, they do not realize that they have.

Conclusion

It can be concluded that gambling addiction treatment programs are similar in their diagnosis processes. There are mainly two types of treatment programs offered for gambling addicts: medication or rehabilitation therapy. Different types of treatment programs work best for people in need of short or long-term solutions. Many studies done on familial relationships suggest that most gamblers find it hard to detect the issue, but by getting a screening done for "high risk" patient groups and asking questions. A positive response to such questions indicates the severity of the addiction and thereby allows patients to be properly diagnosed and put into rehabilitation treatments. While gambling addiction treatment programs seem efficient to health professionals such as counselors or psychologists working with their clients, many former clients have expressed that there could be more efficient treatment programs that are more personalized to the client.

In conclusion, through the process of data collection, it can be concluded that all the participants answered similarly because treatment methods and the perspective of workers in gambling addiction rehabilitation treatments are similar. However, bias in perspective in these working places may affect the results and conclusions drawn from the interviews. Additionally, current solutions and research involved with a gambling addiction may seem more efficient to some than others. However, currently used addiction treatment methods are not the most optimal solution to gambling addiction as many limitations to them prevent clients from being able to prevent relapse and learn to prioritize their health over their addiction to gambling.

Limitations

The limitations of my research included having a limited number of participants, only interviewing former gambling addicts that were from a Facebook support group, and conducting the Delphi panel interviews with health professionals before the interviews with the former gambling addicts. Having limited participants may have limited the number of perspectives and experiences that gambling addicts have had with treatment programs. Additionally, conducting the Delphi panel with health professionals before the interviews with former clients may have instilled a sense of bias in my analysis of the interviews.

Future Directions

However, my research provides the potential for the efficiency of gambling addiction treatment methods as well as the treatment methods used to address all other addictions and provides to the current body of knowledge regarding the gambling addiction diagnosis process as well as the difference in perspective of clients versus psychologists or counselors. The future directions of my findings include finding an addiction treatment method that addresses the currently used solutions' limitations and potentially decreases the prominence of gambling addiction through an increase in its advocacy.

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