

The Effect of Psychosocial Interventions on Gambling Disorder: A Systematic Review

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ABSTRACT

Gambling is an unlawful act that has negative consequences for the life, health, and welfare of individuals, families, and communities. One of the efforts made to reduce the health impacts of gambling is by providing psychosocial interventions. This systematic review aims to examine the effect of various types of psychosocial interventions on gambling disorders. The systematic review was conducted on Clinical Key, Clinical Key for Nursing, Science Direct, ProQuest, Scopus, Sage Journal and Springer Link, Ebsco databases with searches conducted between October - December 2023. Screening articles according to inclusion criteria in the form of full-text articles, English, and published between 2012 and 2023. The initial search results obtained 4,194 articles. Then the initial screening was carried out through reading the title and abstract so that 215 articles were left to be processed to the next stage. In the next stage, the author checked the duplication of the article, so that 51 articles were obtained. In the fourth stage, the author read the full text and obtained a total of 10 articles. The results of the 10 articles reviewed found that CBT, motivational intervention, telephone counseling, and brief intervention are various types of psychotherapy that can help overcome gambling disorders. It is not clear which therapy is better among these therapies, but all therapies have their advantages and disadvantages, which are adjusted to the client's condition. Providing psychosocial interventions such as a combination of Motivational Interview Therapy, Cognitive Behavior Therapy, telephone counseling, and Brief Telephone Intervention can provide an effective solution to help individuals overcome gambling disorders and begin the journey of recovery. The use of Motivational Interviewing therapy, Cognitive Behavior Therapy, telephone counseling, and Brief Therapy can be used in clinical and community settings to treat gambling disorder problems.

Keywords: Psychosocial Intervention; Gambling Disorder

ABSTRAK

Perjudian adalah tindakan melanggar hukum yang mempunyai konsekuensi buruk bagi kehidupan, kesehatan dan kesejahteraan individu, keluarga maupun komunitas. Salah satu usaha yang dilakukan untuk mengurangi dampak kesehatan akibat perjudian adalah dengan memberikan intervensi psikososial. *Systematic review* ini bertujuan untuk menelaah pengaruh berbagai macam intervensi psikososial terhadap gangguan perjudian. *Systematic review* dilakukan pada database *Clinical Key*, *Clinical Key for Nursing*, *Science direct*, *ProQuest*, *Scopus*, *Sage Journal* dan *Springer Link*, *Ebsco* dengan pencarian dilakukan antara Oktober - Desember 2023. Penyaringan artikel sesuai kriteria inklusi berupa artikel *full text*, bahasa Inggris, dan dipublikasikan antara tahun 2012 sampai 2023. Hasil pencarian awal didapatkan 4.194 artikel. Selanjutnya dilakukan skrining tahap awal melalui pembacaan judul dan abstrak sehingga tersisa 215 artikel yang akan diproses ke tahap selanjutnya. Tahap selanjutnya, penulis mengecek duplikasi dari artikel, sehingga diperoleh 51 artikel. Pada tahap keempat penulis membaca secara *full text* dan didapatkan sejumlah 10 artikel. Hasil dari 10 artikel yang direview didapatkan bahwa terapi CBT, motivasi intervensi, konseling telepon maupun brief intervensi merupakan berbagai jenis psikoterapi yang dapat membantu mengatasi gangguan perjudian. Tidak dijelaskan terapi mana yang lebih baik diantara terapi ini, tetapi semua terapi punya kelebihan dan kekurangan masing-masing yang dalam pemberiannya disesuaikan dengan kondisi klien. Pemberian intervensi psikososial seperti kombinasi Terapi Motivasi Interview, *Cognitive Behaviuor Therapy*, konseling melalui telepon, dan *Brief Telephone Intervention* dapat memberikan solusi yang efektif untuk membantu individu mengatasi gangguan perjudian dan memulai perjalanan pemulihan. Penggunaan terapi Motivasi Interview, *Cognitive Behaviour Therapy*, konseling melalui telepon, dan *Brief Therapy* dapat digunakan di tatanan klinis maupun komunitas untuk mengatasi masalah gangguan perjudian

Kata Kunci: Intervensi Psikososial; Gangguan Perjudian

INTRODUCTION

Gambling is a social phenomenon that has existed for centuries, but in this modern era, gambling has become more accessible and widespread around the world. According to the Big Indonesian Dictionary (KBBI) gambling is a game using money or other valuables as a bet. Gambling is a gambler is a person who likes to gamble. Gambling was originally a harmless form of entertainment or recreation, but for some individuals this can have adverse consequences such as addiction. (Calado & Griffiths, 2016).

Addiction is a condition that results when a person ingests addictive substances such as alcohol, nicotine, narcotics, or engages in activities such as gambling, sex, shopping or other things that can provide pleasure, but continues to be compulsive and disruptive to their lives, such as work, social relationships, or health (Lukman, 2020). Gambling addiction in the DSM-5 is referred to as Gambling Disorder which is gambling behavior that is continuous and repetitive and is associated with significant distress or impairment (Potenza et al., 2019). (Potenza et al., 2019). Gambling disorder is a serious mental disorder with far-reaching negative impacts, including

financial problems, interpersonal conflicts and mental health issues.

Gambling in society is often considered a public disease, where gambling practices can be carried out *offline* or *online*. Loterij's investigation from November 2021 to March 2022, as many as 2,576 played online gambling, both casino and soccer gambling in the Netherlands (Auer & Griffiths, 2023). The development of online gambling in Indonesia is currently very worrying with the population reaching 1% of the population (Sinambela, 2021). Research on adolescents who play online gambling has found several problems such as lazy socializing, experiencing economic losses, lazy worship and decreased academic achievement. (Sahputra et.al, 2022).. Gambling disorders in households cause loss of family assets, laziness to work and neglect of family responsibilities, thus disrupting harmony in the family (Yani & Lubis, 2022). Other impacts that occur on the family economy are found to be bad stigmatization by the community on the family, economic problems in the family such as decreased purchasing power, to the disruption of social life (Saogo, Yuhelna, & Yuhelna, 2023).

The development of gambling in Indonesia is an important problem that must be addressed. This is evidenced by the

President's instruction on the formation of an anti-gambling task force with the aim of eradicating bookies. In addition, gambling treatment can also be overcome with Psychosocial Therapy. Psychosocial therapy is an important approach in the treatment of gambling disorders by helping individuals who experience gambling disorders to reduce and overcome gambling problems, restore control over their lives, and restore their well-being. Some types of psychosocial therapies that can be used in overcoming gambling disorders include *Cognitive Behavioural Therapy (CBT)*, *Brief Therapy*, *Motivational intervention* and counseling. Although there are many types of psychosocial therapies available to treat gambling disorder, not many studies have investigated in depth the effect of different types of therapies in this case.

This paper aims to investigate the effect of psychosocial therapy in the treatment of gambling disorder. Through this article, the author will try to understand whether therapy can be an effective method in helping individuals with gambling disorder. In addition, the author will also identify the types of psychosocial therapy that are most effective and can influence the success of therapy in cases of gambling disorder.

This research will detail the different types of psychosocial therapies commonly used in the treatment of gambling disorders,

including cognitive-behavioral therapy, group therapy, psychoeducational therapy, and other therapeutic methods, which will be empirically evaluated so that the data that has been collected can provide a comprehensive view of the effect of these therapies. Thus, this study has a highly relevant and important purpose in answering the question of the effect of psychosocial therapies on gambling disorder in gamblers, as well as contributing to our understanding of better ways to help individuals with gambling disorder.

METHODS

This study is a literature review study taken from various literatures from several *online databases*. The steps used in inclusion and exclusion for the literature search strategy by searching the literature with *keywords* and predetermined inclusion and exclusion criteria, extracting and analyzing data, and identifying results.

The literature search strategy process was carried out through *online databases*, such as *Clinical Key*, *Clinical Key for Nursing*, *Science direct*, *ProQuest*, *Scopus*, *Sage Journal* and *Springer Link*, *Ebsco* with searches conducted between October - December 2023. The literature search was also adjusted to the inclusion and exclusion criteria and then passed the final stage of

selection by reading the entire content of the article. Articles that fit the inclusion and exclusion criteria will be included in the matrix table of the collection of literature search results. The articles reviewed were *full text*, English language articles published between 2008 - 2023. The search was conducted using keywords based on the PICO framework (*Patient/problem, Intervention, Comparison, Outcomes*). The literature search used keywords such as *Gambling Disorder, Pathological Gambling, Cognitive Behavior Therapy, Self Help Group, Self Control, Gambling anonymous, Brief Therapy, Motivation Interviewing*. The keywords were combined with a combination of "AND" and "OR". *Medical subject headings* (MeSH) were also used to improve the efficiency and precision of literature search skills that made it possible to find articles on topics that match the title of this article.

RESULT

Based on the results of the 10 selected articles, it was found that *Cognitive Behavioral Therapy* (CBT), *Brief Intervention*, *Motivational Interviewing*, and telephone counseling are psychotherapeutic approaches that have been proven to be useful in overcoming gambling disorders. More details about the influence and effectiveness of these

psychotherapies can be seen in table 1 below.

Table 1. Literature search matrix and result

<i>No</i>	<i>Database</i>	<i>Authors, Country, year of published</i>	<i>Article Title</i>	<i>Journal Title</i>	<i>Aim</i>	<i>Design</i>	<i>Sample</i>	<i>Result</i>	<i>Notes</i>
1	Clinical Key	(Milic, Lohan, Petch, Turner, & Casey, 2022)	The Effectiveness of a Motivational Interviewing Treatment for Help-Seeking Problem Gamblers in a Community Organization	Journal of Gambling Studies	To determine the effectiveness of motivational therapy on gambling in community organizations.	Quasi-experiment. Motivational intervention was utilized with the telephone. A 9-item Problem Gambling Severity Index (PGSI) and Gambling Addiction Severity Index (ASI-G.) were used. Participants' psychological distress was measured using the Kessler Psychological Distress Scale. The study was conducted over 18 months	146 samples with inclusion criteria of (i) being over 18 years old; (ii) first-time callers to GHS or recontacting the service as a new client (i.e., at least 3 months after their last service episode); and (iii) having sufficient English reading and writing skills to complete the assessment. Consisting of 109 male and 37 female samples	<ul style="list-style-type: none"> - Results there is an effect of time on the severity of problem gambling $b=0.07$, $SE=0.01$, $p<0.001$. - The results on psychological stress were $b=0.09$, $SE=0.01$, $p<0.001$, a decrease in psychological stress of 0.09 points. - There was a decrease in the number of gambling days, $z=3.98$, $p<0.001$ with a small effect size ($r=0.25$) based on Cohen's criteria. - A decrease in the amount spent on gambling in the last month at time 1 and time 5 was also observed, $z=5.57$, $p<0.001$ with a medium effect size ($r=0.38$). 	

2	<i>Clinical Key</i>	<i>(Ede et al., 2020)</i>	<i>Assessment of the Effectiveness of Group Cognitive Behavioural Therapy in Reducing Pathological Gambling</i>	<i>Journal of Gambling Studies</i>	<i>This study examined the effectiveness of group cognitive behavioral therapy (GCBT) on pathological gambling among Nigerian students.</i>	<i>RCT design with pre-post control group design. The measurement tools used were the South Oaks Gambling Screen (SOGS) and the Gambling Symptom Assessment Scale (G-SAS). The intervention was conducted for 8 weeks. Data analysis used ANOVA to test the hypothesis.</i>	<i>The total sample size was 40 people diagnosed with ICD 11 gambling disorder. Divided into CBT intervention group consisting of 12 males and 8 females and no intervention control group consisting of 16 males and 4 females.</i>	<i>In the post-test and follow-up measures, the effect of group cognitive behavioral therapy in PG reduction was significant, $F(1, 36)=176.902, p=0.001, \eta^2 p=0.856, \eta^2 R=0.871$; and $F(1, 36)=182.045, p=0.001, \eta^2 p=0.872, \eta^2 R=0.881$.</i>
3	<i>Springer Link</i>	<i>(Ali & Gajendragad, 2023)</i>	<i>A Case Study of a Person with Gambling Disorder with Depression: A Cognitive-Behavioral Casework Approach</i>	<i>Department of Psychiatric Social Work, Institute of Human Behavior and Allied Sciences, India</i>	<i>The purpose of this study is to manage gambling disorder using a cognitive behavioral casework approach.</i>	<i>Case study design, using a single subject design and comparing baseline data before and after intervention with subsequent intervention. Measurements used (G-SAS), (FAD), (BDI), Hamilton (HAM-A), (OGD-Q), Revised Barratt Impulsivity Scale 21 items (BIS-R-21).</i>	<i>The sample utilized a single-subject design with case details. The client was 27 years old, Hindu, married with a middle socioeconomic background, and from Delhi, India, with a chief complaint of excessive online gambling.</i>	<i>The results showed that after the cognitive behavioral casework approach, there were differences in pre and post test scores on the Beck Depression Scale. There was an improvement in the gambler's behavior, which was maintained at the follow-up evaluation conducted 3 months post-treatment. CBT changes unhelpful patterns of cognition, behavior, and emotions based on the Cognitive Behavioral Approach is effective.</i>
4	<i>Springer Link</i>	<i>(Carlbring, Jonsson, Josephson, & Forsberg, 2010)</i>	<i>Motivational Interviewing Versus Cognitive Behavioral Group</i>	<i>Cognitive Behaviour Therapy</i>	<i>Testing the effectiveness of motivational interviewing (MI), cognitive behavioral</i>	<i>This study used an RCT clinical trial design with three parallel groups. The design consisted of a Motivational Interviewing (MI) group,</i>	<i>The study involved 150 patients who had gambling or pathological gambling problems. They underwent a 60 to 90-</i>	<i>The results showed that both MI and CBGT were effective with significant improvements seen in the main measures. There was no significant difference between MI and CBGT in effectiveness.</i>

					group therapy a Cognitive Behavioral (CBGT), and a no-treatment group in the treatment of problem and pathological gambling.	a Cognitive Behavioral Group Therapy (CBGT) treatment control group. Measurements were taken at baseline and after 9 weeks, with follow-up at 6 and 12 months.	minute personal interview at an outpatient clinic between June 2005 and December 2006. These interviews were conducted by a clinical psychologist.	Both treatment types showed a significant decline in outcomes up to 12-month follow-up. Adherence to treatment was generally low, with participants attending an average of 70% of CBGT sessions and 72.5% of MI sessions.
5	Springer Link	(Najavits, Ledgerwood, & Afifi, 2023)	A Randomized Controlled Trial for Gambling Disorder and PTSD: Seeking Safety and CBT	Journal of Gambling Studies	The aim of this study was to compare two evidence-based models, one that addresses both disorders and another that addresses gambling only.	The research method design used in this study is a randomized controlled trial (RCT) with two treatment groups, namely the group receiving combined therapy for gambling disorder and PTSD, and the group receiving only therapy for gambling disorder.	The sample size was 65 men and women with diagnosed GD and PTSD, recruited from an adult population in Canada. They were randomized into two treatment groups, one receiving Seeking Safety (SS) and one receiving Cognitive Behavioral Therapy for Pathological Gambling (CBT-PG).	The results of this study indicate that Seeking Safety (SS) efficacy is comparable to established gambling disorder interventions; and higher Seeking Safety presence indicates very strong engagement. The only significant difference between treatment conditions (across outcomes) was that SS had higher session attendance than CBT-PG: Mean=8.61 (sd=4.59) vs. 6.03 (sd=0.448), t=2.24, p<0.03.
6	Sage Journal	(Tse et al., 2013)	Face-to-Face and Telephone Counseling for Problem Gambling: A Pragmatic Multisite Randomized Study	Research on Social Work Practice	This pragmatic randomized study was conducted to compare the effectiveness of telephone and face-to-face counseling in influencing problem	A pragmatic randomized study. Satisfaction with therapy was measured using the Gambling Attitudes and Beliefs Questionnaire (GABS) consisting of 35 questions. Analysis of variance using ANOVA and repeated measures multivariate analysis of	The sample consisted of 92 individuals with gambling disorder, from New Zealand; Auckland, Hawkes Bay, and Christchurch. A sample of only individuals who had concerns regarding their gambling on electronic gambling [EGM] in New Zealand	<ul style="list-style-type: none"> The difference in total hours spent gambling during the last 4 weekends between the face-to-face (M ¼ 20.7, SD ¼ 20.4) and telephone groups (M ¼ 39.0, SD ¼ 59.1) was significant, F ¼ 4.33, p < 0.04. Significant reduction in gambling time after intervention (p < 0.05)

					gambling beliefs and behaviors.	covariance (MANCOVAs) were conducted to calculate baseline estimates of intervention effects in each group.	and Australia was recruited.	- This proves that telephone and face-to-face interventions are effective in reducing gambling symptoms, but there is no significant difference between face-to-face consultation and telephone intervention. However, it is important to consider telephone intervention as it saves costs.
7	ProQuest	(Petry, Weinstock, Ledgerwood, & Morasco, 2008)	A Randomized Trial of Brief Interventions for Problem and Pathological Gamblers	Journal of Consulting and Clinical Psychology	Find out whether brief motivational reinforcement therapy (MET), or a combination of MET and cognitive-behavioral therapy (CBT) can reduce gambling behavior and produce clinically significant changes in gambling behavior.	This study used a randomized controlled trial design.	This study involved 180 participants who were problem gamblers. They were randomly assigned to one of four treatment conditions: a control group with assessment only, a group that received a brief 10-minute counseling session, a group that received 1 session of motivational reinforcement therapy (MET), and a group that received MET plus 3 sessions of cognitive-behavioral therapy (CBT).	<ul style="list-style-type: none"> • At week 6, the group receiving the brief advice showed a significant decrease in ASI-G scores ($p = 0.02$) and the amount of money wagered ($p = 0.03$) compared to the control group. • At month 9, the group that received the brief advice showed a significant decrease in ASI-G scores ($p = 0.01$) and the amount of money wagered ($p = 0.04$) compared to the control group. <p>- The group receiving MET plus CBT showed a significant decrease in ASI-G scores between week 6 and month 9 ($p = 0.03$) compared to the control group.</p>
8	ProQuest	(Petry, Weinstock, & Morasco, &	Brief motivational Interventions	Addiction	The purpose of this study was to evaluate the	The research method used in this study was an RCT. Study participants	The number of participants in this study was 117 college students	Results showed variable gambling over time in all three dollars wagered, again a

	<i>Ledgerwood, 2009)</i>	<i>for college student Problem Gamblers</i>	<i>effectiveness of a brief intervention in reducing gambling behavior among college students experiencing problem gambling.</i>	<i>were recruited through screening and selection efforts on college campuses. Those who met the screening criteria were invited to participate in the full evaluation.</i>	<i>who experienced problem gambling. 34 participants served as a control group that only received baseline evaluation and follow-up at week 6 and month 9. Meanwhile, the remaining 83 participants were randomized into three intervention groups, namely the brief advice group, the motivational enhancement therapy (MET) group, and the MET group followed by three cognitive-behavioral therapy (CBT) sessions.</i>	<i>significant omnibus analysis comparison over the 9-month study period, showing a (38.1%) to only one (initial MET session). any treatment to no treatment was found to be a significant condition. For ASI-G scores, the group-time interaction effect was significant for the difference between any treatment versus no treatment, $t(115) = 2.28, P < 0.05$.</i>		
9	<i>ScientDirect</i>	<i>(Oei, Raylu, & Casey, 2010)</i>	<i>Effectiveness of Group and Individual Formats of a Combined Motivational Interviewing and Cognitive Behavioral Treatment Program for Problem Gambling: A Randomized</i>	<i>Behavioural and Cognitive Psychotherapy</i>	<i>Evaluate the effectiveness of individual therapy formats of a combined motivational interviewing and cognitive behavioral therapy (CBT) program for addressing</i>	<i>The research design used was a randomized controlled trial design in which 102 individuals with gambling disorder were randomly assigned to group therapy, individual therapy, or control conditions.</i>	<i>The sample size in this study consisted of 102 adults living in Brisbane and experiencing gambling disorder. They voluntarily signed up to participate in the study.</i>	<i>The results of the General Linear Modeling (GLM) analysis showed that the effect size (partial η^2) between pre- and post-treatment scores ranged from 0.24 to 0.73 for the group condition and 0.16 to 0.72 for the individual condition. For gambling frequency, post-treatment scores were significantly smaller than pre-treatment scores and follow-up scores were significantly higher than pre-treatment scores, $F(2, 62) = 77.38, p < 0.001$.</i>

10	EBSCO	<i>(Abbott et al., 2018)</i>	<i>Controlled Trial</i>	<i>Addiction</i>	<i>gambling problems...</i>	<i>Investigate three quick things telephone intervention to determine whether it was more effective than standard helpline services in assisting people to reduce gambling</i>	<i>This study used a Randomized Control Trial (RCT) design. Participants were randomly assigned to either an iCBT program with guidance or an iCBT program without guidance. This trial has been registered with Clinical Trials Australia New Zealand.</i>	<i>In this study, a total of 1298 people called into the gambling helpline between August 2009 and February 2011. Of these, 462 people were eligible to be part of the study.</i>	<i>The primary outcomes were number of gambling days, money lost per day and success of treatment goals. Findings were no differences between treatment groups, although participants showed a large reduction in gambling over the 12-month follow-up period [mean reduction 5.5 days, confidence interval (CI) = 4.8, 6.2; NZ\$38 loss (\$32, \$44; 80.6%), improved (77.2%, 84.0%)]. Subgroup analyses showed increased number of gambling days and money lost for MI+W+B versus MI or MI+W for the goal of gambling reduction (versus quitting) and increased money lost by ethnicity, gambling severity, and psychological distress (all P<0.01).</i>
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The results of the 10 journals analyzed in table 1 above, all of which are types of psychotherapy used to treat gambling disorders and have proven their effectiveness through valid and accountable research methods. In the article above, CBT therapy is discussed in overcoming gambling disorders given individually or in groups, the results obtained are CBT is an effective psychotherapy in overcoming gambling disorders, as well as motivational therapy, *brief therapy* and telephone gambling disorder counseling, all of which can be used to overcome gambling disorders.

CBT focuses on identifying and changing harmful thought patterns and behaviors, while *Brief Intervention* provides brief encounters to raise awareness of the negative impact of gambling. *Motivational Interviewing* helps to generate an individual's internal motivation for change, and telephone counseling provides quick access to professional support, especially for those who face barriers in seeking immediate help. In combination, these approaches can provide holistic support, helping individuals understand the consequences of gambling, formulate change goals, and build motivation to overcome their gambling disorder.

DISCUSSION

Some of the psychotherapies used to treat gambling disorders are *Cognitive Behaviour Therapy* (CBT), *Motivational Therapy Intervention* (MI), *Brief Intervention* therapy and telephone counseling. These four therapies are commonly used in treating gambling disorders. *Motivational Interview* Therapy (MI) is a therapeutic approach that focuses on behavior change by motivating individuals to identify, consider and overcome ambivalence related to specific behavior change. In the context of gambling disorder, MI can be used to explore clients' wants and needs, identify the negative consequences of gambling, and motivate them to take steps towards recovery. (Miller & Rollnick, 2013). There are several advantages of MI such as helping to emphasize client cooperation and empowerment, exploring intrinsic motivation for change and increasing client independence in making positive decisions. This is supported by several proven studies, some of which are research on *The Effectiveness of a Motivational Interviewing Treatment for Help-Seeking - Problem Gamblers in a Community Organization*, where the results obtained show a significant reduction in the severity of problem gambling and psychological distress of participants, which is a small effect size change in the short term and a

large effect size change at 18 months of follow-up. (Milic et al., 2022).

Cognitive Behavior Therapy (CBT) is an evidence-based therapy that identifies and changes maladaptive thought patterns and behaviors. (Stuart, 2023). In the context of gambling disorder, CBT can help clients identify negative thoughts that drive gambling behavior, replace them with more positive thought patterns, and develop healthy coping skills. Some of the advantages of CBT are Encouraging self-reflection and understanding of the relationship between thoughts, feelings, and behaviors, providing concrete coping skills to overcome gambling triggers, effective in the long term to prevent relapse due to gambling. This is evidenced by research on *Assessment of the Effectiveness of Group Cognitive Behavioural Therapy in Reducing Pathological Gambling*, where the results obtained at the pretest stage did not have a significant comparison between the intervention and control groups. after participants were given the intervention, participants in the treatment group had a mean post-test score of 24.57 ± 1.64 , while participants in the waiting list control group had a mean post-test score of 59.44 ± 11.02 . There was a large difference post-intervention (Ede et al., 2020). Thus group cognitive behavioral therapy is an impactful therapy in reducing pathological gambling

among students. It has also validated the effectiveness of cognitive-behavioral therapy in changing wrong thinking and replacing it with better and realistic alternative ways of thinking. In addition, there are several other therapies such as *A Case Study of a Person with Gambling Disorder and Depression: A Cognitive-Behavioral Casework Approach*, which says that shows that psychiatric social work assessments and interventions for clients that focus on improving coping strategies and changing unhelpful patterns of cognition, behavior, and emotions based on the *Cognitive Behavioral Approach* are effective. (Ali & Gajendragad, 2023). In addition, research on *Effects of added involvement from concerned significant others in internetdelivered CBT treatments for problem gambling: study protocol for a randomized controlled trial*, also proves that the use of Cognitive Behavioral Therapy (CBT) supported by the involvement of CSOs (significant others) can increase the effectiveness of problem gambling treatment. The study also showed that internet-delivered treatment can be an effective alternative to face-to-face treatment. (Nilsson, Magnusson, Carlbring, Andersson, & Hellner Gumpert, 2016).

Meanwhile, if we compare between motivation interviewing and CBT in dealing with gambling effectiveness in the

study *Motivational Interviewing Versus Cognitive Behavioral Group Therapy in the Treatment of Problem and Pathological Gambling: A Randomized Controlled Trial*, the results showed that both MI and CBGT were more effective than the no-treatment control group in the short term, with significant improvements seen in the main measures. However, there was no significant difference between MI and CBGT in terms of effectiveness. Both types of treatment showed significant reductions in most outcome measures in their respective groups up to 12-month follow-up. The study also found that MI and CBGT had similar levels of treatment credibility, but there was variation in treatment preference among participants. Adherence to treatment was generally low, with participants attending an average of 70% of CBGT sessions and 72.5% of MI sessions. Overall, the results of this study suggest that both MI and CBGT are promising treatments for problem and pathological gambling problems, but there is still room for improvement in terms of outcomes and adherence. This study highlights the importance of considering treatment preferences and the need for further research comparing different treatment approaches for gambling disorders (Carlbring et al., 2010).

Telephone counseling is an effective alternative to face-to-face meetings. Through this communication technology, counselors can provide emotional support, provide information, and assist clients in the management of stress and distress associated with gambling disorders (Kazdin & Blase, 2011). Some of the advantages of telephone counseling are that it is efficient and can be implemented in a short time, providing support immediately after a gambling incident, facilitating rapid intervention in critical situations. This is evidenced by the study *Face-to-Face and Telephone Counseling for Problem Gambling: A Pragmatic Multisite Randomized Study*, the result was that there was no significant difference between face-to-face counseling and telephone intervention, in terms of overall change in scores before and after the intervention (Tse et al., 2013). (Tse et al., 2013) However, it is important to consider telephone intervention as it saves costs.

Brief therapy is a therapeutic approach that focuses on changing behavior in a short period of time. In the context of gambling disorder, brief therapy can help to quickly identify triggers, design specific goals, and use cognitive-behavioral techniques to change harmful thought patterns and behaviors. This approach also utilizes positive reinforcement, education, and

social support, with periodic assessments to monitor progress. Although brief, brief therapy can be effective in helping individuals overcome gambling disorders and prevent a return to risky behaviors. This is evidenced by research on *A Randomized Trial of Brief Interventions for Problem and Pathological Gamblers*, the results obtained were At week 6, the group receiving brief advice showed a significant reduction in ASI-G scores ($p = 0.02$) and the amount of money wagered ($p = 0.03$) compared to the control group. (Hodgins, Currie, Currie, & Fick, 2009). In addition, research with the title *Brief Telephone Interventions for Problem Gambling: A Randomized Controlled Trial*, found that brief telephone interventions for problem gambling can result in significant reductions in gambling and improvements in achieving treatment goals, with interventions involving self-help workbooks and follow-up calls showing greater effectiveness in some specific cases. (Abbott et al., 2018).

The three types of therapies above have all been shown to reduce and treat problematic gambling disorders with their own effectiveness. The combination of multiple approaches or the use of adjunctive therapies, such as telephone therapy, can increase the effectiveness of therapeutic interventions in addressing gambling

disorders. This can enrich knowledge and assist therapists in addressing gambling disorders.

CONCLUSION

Overcoming gambling disorder requires a holistic approach that is appropriate to the individual's characteristics. A combination of Motivational Interviewing Therapy, Cognitive Behavior Therapy, telephone counseling, and Brief Telephone Intervention can provide an effective solution to help individuals overcome gambling disorder and begin the journey of recovery.

ADVICE

The application of motivational interview therapy, *cognitive behavior therapy* (CBT), telephone counseling, and telephone briefs in overcoming gambling problems should begin to be carried out by health workers who are competent in overcoming gambling disorders in individuals and groups in the community and in the clinic.

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