

Personalized computer feedback can mitigate problem gambling behaviors

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More than 1.6 million college-aged adults meet the criteria for problem gambling. This can lead to difficulties at work, school or home, and with relationships, personal finances, and mental and physical health.

Counseling for problem gamblers can be expensive and time consuming; a new study from the University of Missouri has found that college-aged adults who were diagnosed as problem gamblers significantly changed their behaviors after receiving personalized feedback from computers.

"We don't want to replace the one-on-one counseling work that is being done. This is another tool that could be very useful for gamblers who might not be interested in seeking personal counseling services, for counselors who are looking to supplement what they offer, or for college wellness centers who want to mitigate risky behavior before it gets worse," said Matt Martens, professor of counseling psychology in the College of Education. "Typically, younger [problem gamblers](#) are not interested in seeking help. While their behavior might not be at a significant risk level yet, this tool would allow them to receive an assessment without talking directly to a counselor."

In the study, Martens identified 333 college-aged adults and, after determining the level of [gambling](#) for each individual, gave them one of three interventions. One group was provided with standard information about the effects of problem gambling; the second group was not provided with any information; the third group answered survey questions and was provided with individualized feedback from a computer based on their answers. Martens followed up with each group

three months after the initial intervention and found that those who received the personalized feedback generated by the computer assessment tool experienced a significant decline in problem gambling behavior compared to the other two groups.

Prior to the intervention, Martens asked study participants to describe their current gambling behaviors, which included how many times they gambled each week or month, how much money was wagered, how much money was lost, and what problems they experienced based on their gambling. Participants also were asked about the types of gambling games they played, including slot machines and games of skill such as golf or bowling. They also reported on how often they purchased lottery tickets, played cards for money, or wagered money on sports games.

"At-risk gambling rates are particularly high in the college-age population, and these problem gamblers may not recognize that they are experiencing problems," Martens said. "They may think that they are gambling at the same rate as their peers, when that's really not the case. That's where these types of programs can help because individuals receive an unbiased, personalized assessment that shows them the social norms of their gambling activity and how they compare."

Martens said this type of intervention could be used most effectively on college campuses at health centers or as a part of comprehensive wellness programs targeting students. Targeting those individuals who might be at a greater risk could help prevent them from developing behaviors that would have negative effects on the rest of their lives.

Martens said that further research should be conducted to determine if this intervention is more effective with certain types of gambling behaviors, such as those individuals who only bet on games of skill compared to those who bet on games of chance.

The study, "The Efficacy of a Personalized Feedback-Only Intervention for at-Risk College Gamblers," will be published in the *Journal of Consulting and Clinical Psychology*.

Provided by University of Missouri-Columbia

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