

Train away your gambling problems: online cognitive bias training

Gepubliceerd: 11-03-2015 Laatste bijgewerkt: 18-08-2022

Hypothesis 1: Participants who receive either of two CBM interventions will reduce their gambling more than participants completing the placebo intervention immediately after the re-training (post-intervention assessment) and by the 3-and 6-month...

Ethische beoordeling	Positief advies
Status	Werving tijdelijk gestopt
Type aanpak	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON28734

Bron

NTR

Verkorte titel

TOP-Gambling Project

Aandoening

Gambling; gambling disorder; gokken

Ondersteuning

Primaire sponsor: University of Antwerp (UA)

University of Amsterdam (UvA)

Overige ondersteuning: Belgian National Lottery (LOTTO)

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

a) South-Oak Gambling Scale score (severity of gambling problems); b) frequency of

gambling per month; c) average amount of money lost per month; c) greatest amount of money gambled on one day (question 1 of SOGS);

Toelichting onderzoek

Achtergrond van het onderzoek

This study is the first exploring the effectiveness of online Cognitive Bias Modification (CBM) interventions targeting maladaptive automatic processes underlying gambling disorders, i.e., the attentional bias and the approach bias towards gambling.

The study is a pilot double blind randomised controlled trial with a parallel group design and involves 178 adults with gambling problems. Recruitment takes place via promotion of the study on gambling self-help websites and gambling and addiction help facilities around Belgium and the Netherlands.

At registration with the study website, participants are randomised into three experimental groups: two groups complete either the attentional bias CBM module or the approach bias CBM module and one group receives an active placebo re-training. The study consists of 10 sessions: one baseline assessment session with a tailored feedback on participants' gambling motives and reasons to quit/decrease gambling, six sessions of training, a post-intervention assessment session and two follow-up assessment sessions (after 3 and 6 months).

Gambling severity, details on gambling activities, craving, cognitive interference control capacity and the strength of the cognitive biases are assessed at each assessment session. At baseline, motivation to treatment, depression symptoms, substance and alcohol use, self-esteem and impulsivity are also assessed. Interference control capacity is evaluated by means of an automated version of the traditional Stroop Task. The attentional and approach bias towards gambling cues are assessed with a modified Visual Probe Task and an adapted version of the Approach-Avoidance Task, respectively. The experimental interventions present a modified version of the measurement tasks for the cognitive biases with a built-in contingency that recast them from assessment to re-training paradigms; whereas the (active) placebo intervention presents a longer version of the assessment tasks.

Primary outcome measure is the change in gambling problems severity between the situation before the trainings and the situation afterwards. Secondary outcome measures include change in depression symptoms and in the attentional and approach bias along the three measurement sessions.

Doel van het onderzoek

Hypothesis 1: Participants who receive either of two CBM interventions will reduce their gambling more than participants completing the placebo intervention immediately after the re-training (post-intervention assessment) and by the 3-and 6-month follow-ups. No

substantial differences are expected between the two CBM interventions.

Hypothesis 2: It is expected that each CBM intervention will decrease or reverse the targeted bias. The effect of each CBM paradigm over the non-targeted bias will be explored.

Hypothesis 3 (moderated mediation): In line with dual-process models of addiction and previous results of CBM studies in alcohol addiction (see Wiers, Gladwin, Hofmann, Salemink, & Ridderinkhof, 2013), it is expected that the change in the cognitive biases will mediate the change in the main outcome variable and that participants with stronger automatic cognitive biases and/or lower interference control ability at baseline will benefit more from the CBM intervention than participants with weaker automatic cognitive biases and/or stronger interference control.

Onderzoeksopzet

- Baseline assessment: gambling severity (SOGS), details about gambling behaviour, gambling disorder diagnosis based on DSM-5, preferred gambling activity, tailored feedback questionnaire, motivation to change (RCQ), depression (BDI-II short), substance use (CORE), impulsivity (BIS11), self-esteem (RSES), gambling approach bias (AAT) and attentional bias (VPT)m interference control capacity (Stroop Task);
- Each training session (6 in total): Motivation to train, craving (VAS), CBM training
- Post-assessment: gambling severity (SOGS), gambling details, depression (BDI-II short), gambling approach bias (AAT) and attentional bias (VPT);
- 3-month follow-up: gambling severity (SOGS), gambling details, depression (BDI-II short), gambling approach bias (AAT) and attentional bias (VPT);
- 6-month follow-up: gambling severity (SOGS), gambling details, depression (BDI-II short).

Onderzoeksproduct en/of interventie

The online training sessions start with an automated tailored feedback on participant's gambling motives and reasons to quit/reduce gambling, based on motivational interviewing approach. This is followed by Cognitive bias modification (CBM) training to reduce attentional bias (AB) or approach bias (AppB) toward preferred gambling-related cues and increase gambling cessation/reduction.

Condition 1: AB training

Condition 2: AppB training

Condition 3: placebo AB or placebo AppB

Contactpersonen

Publiek

Department of Psychology, University of Amsterdam

Marilisa Boffo
Weesperplein 4

Amsterdam 1018 XA
The Netherlands
+31 20 525 6857

Wetenschappelijk

Department of Psychology, University of Amsterdam

Marilisa Boffo
Weesperplein 4

Amsterdam 1018 XA
The Netherlands
+31 20 525 6857

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

>18 years, gambled in the past 12 months, request for help for gambling problems (intrinsic motivation to treatment).

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

not being a Dutch or French native speaker, not having almost daily Internet access.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Dubbelblind
Controle:	Placebo

Deelname

Nederland	
Status:	Werving tijdelijk gestopt
(Verwachte) startdatum:	01-02-2015
Aantal proefpersonen:	178
Type:	Verwachte startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nee

Ethische beoordeling

Positief advies	
Datum:	11-03-2015
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL4842
NTR-old	NTR5096
Ander register	EC University of Amsterdam; MEC University of Antwerp; Belgian National Lottery : 2014-DP-3774; B300201422158; A14/0022

Resultaten