EXPLORING THE POTENTIAL OF SOCIAL MEDIA INTERVENTIONS IN TREATING GAMBLING: A SINGLE CASE STUDY PERSPECTIVE

The 14th Nordic SNSUS conference – The Emerging Gambling Generation: Is Prevention Keeping Up? Oslo, Norway, 2025

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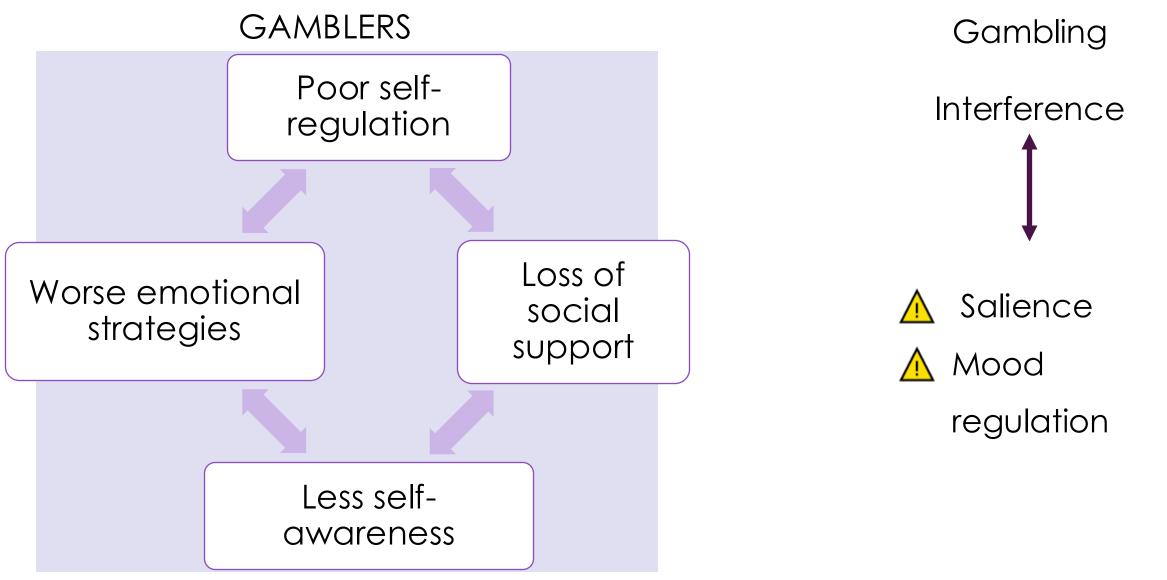
- Social network sites have often showed positive consequences derived from their use: sense of belonging, anxiety levels, strengthening the support network (Moreno, 2019)
- **Gambling Disorder**: Recognized in DSM-5; shares neurobiological features with substance addictions (APA, 2013).
- Effective treatments: CBT and Motivational Interviewing show strong evidence (Cowlishaw et al., 2012).
- Social media interventions: Provide anonymity, accessibility, and peer support (Naslund et al., 2016). Help reduce stigma and promote engagement (Chancellor & De Choudhury, 2020).
- **Current gap**: Limited clinical research on their use for gambling treatment, especially from single-case perspectives.

General objective: Designing and testing a SM-Based intervention for gambling disorder

and testing

Specific objectives :

- ✓ Reduce gambling (frequency and magnitude)
 - / Incrass general wellb
- ✓ Increase general wellbeing
- ✓ Develop a replicable intervention



(Griffiths et al., 2016)

(Berrymann et al., 2021)

Sample

1 male, 28 years old, living in Australia, with a gambling diagnosis (34 score GSAS, 12 PGSI)

<u>Exclusion</u>

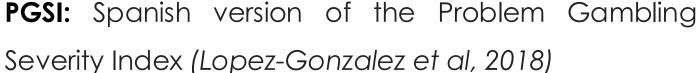
- Problematic Social Media use (PMSU) score >19
- Inability to commit (weeks)
- Not fluent in English
- S Job related to SM

3. VARIABLES AND MEASURES

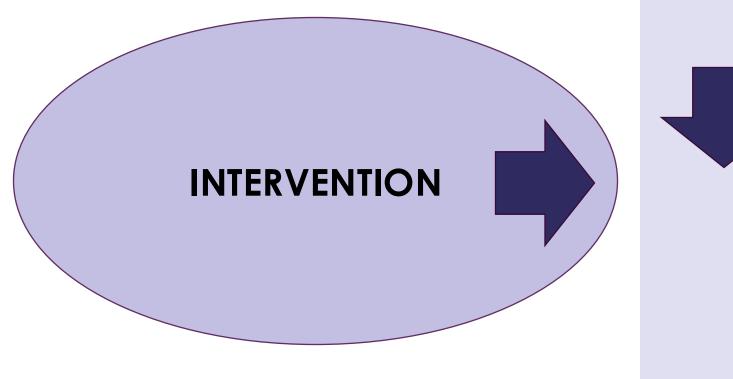
- 🝸 Sociodemographic data
 - DSM- 5 criteria + social support network + selfregulation strategies
 - Severity of the problem



Ad Hoc. Questionnaire structured interview Semi verbal self-report +completion **GSAS:** Spanish Adaptation of the Gambling Symptom Assessment Scale (Diaz-Sanahuja et al., 2023)



Hypotheses



- Urge to gamble
- Frequency
- Preoccupation
 - Withdrawal
- Economic
 - consequences
- Social support

Procedure Timeline: AB Type

intervention

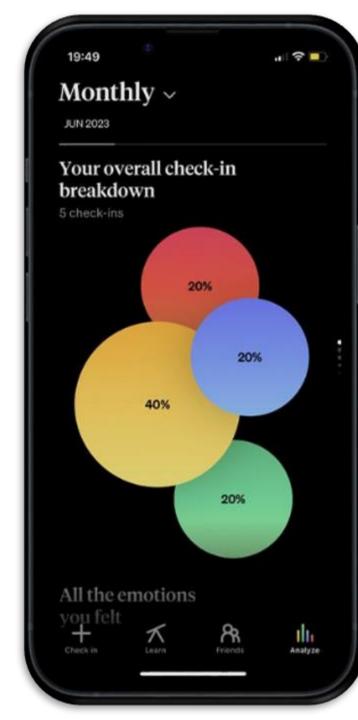
	Week 1		Contact, recruitment and informed consent
APRIL			
(Phase A)	Week 2	PLANNING	Pre evaluation: emotional state, gambling disorder, interview and
			self reports
	Week 3		Downloading apps ("How we feel" + "journal"), training on their use
			and settling objectives
MAY	Week 4		
(Phase B)	Week 5	INTERVENTION	
	Week 6		Weekly sessions with therapist (1 hour).
	Week 7		
JUNE	Week 8		Minimum use of the apps 1 per day Diary/ twice per day
(Phase B)	Week 9		How we Feel.
	Week 10		
	Week 11		
	Week 12		
	Week 13	POST	Final evaluation on emotional state, Gambling criteria (interview)
JULY			and self- report symptoms. Final report and conclusions.
	Week 15		Check-up on the use of the apps, general wellbeing, relapse
JULY	Week 18	FOLLOW-UP	prevention and promotion of further settling.
AUGUST	Week 22		

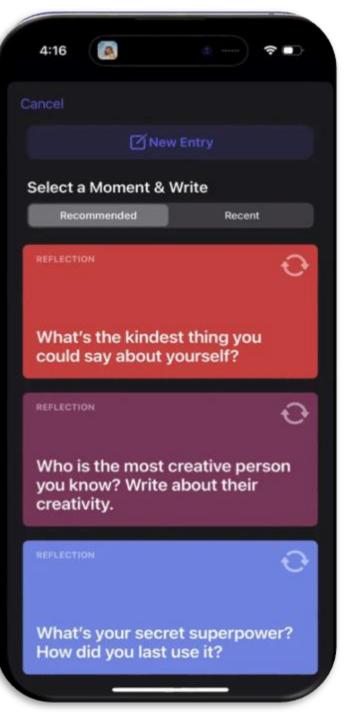
Intervention

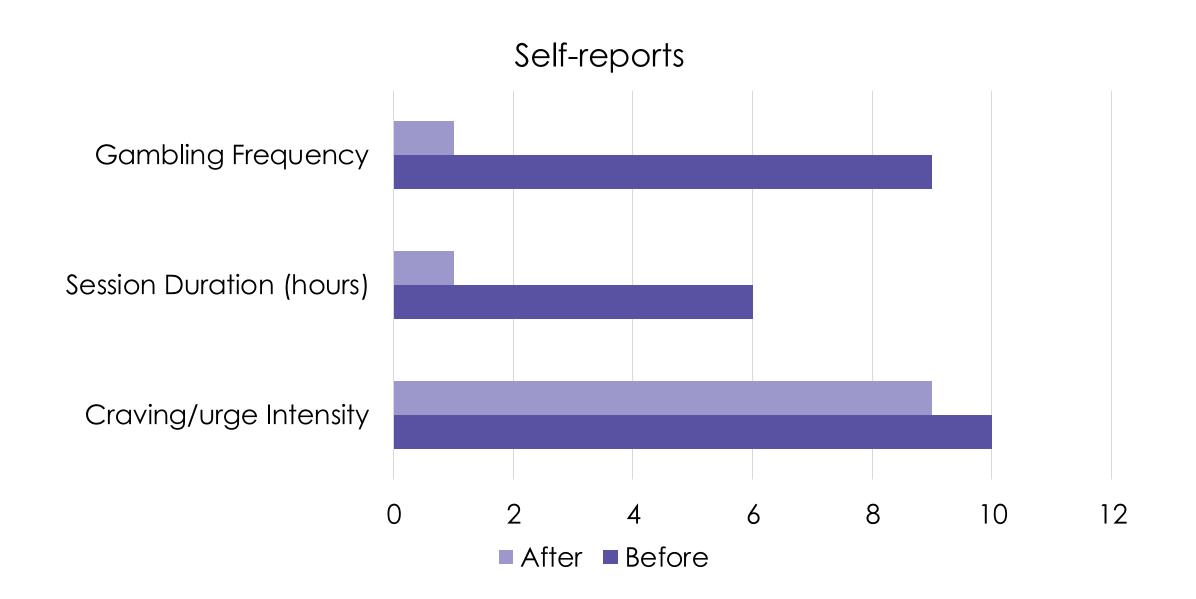


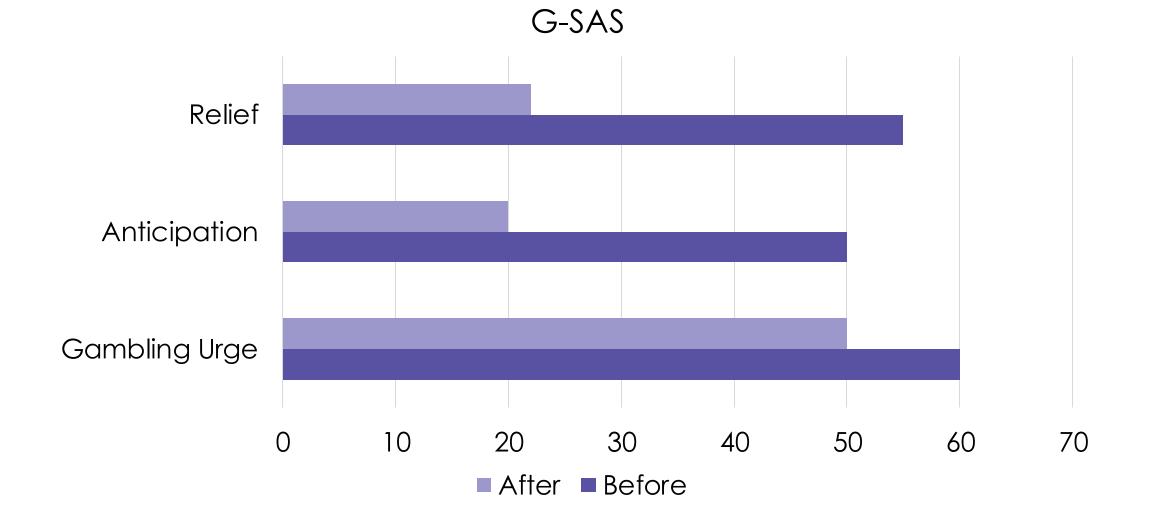


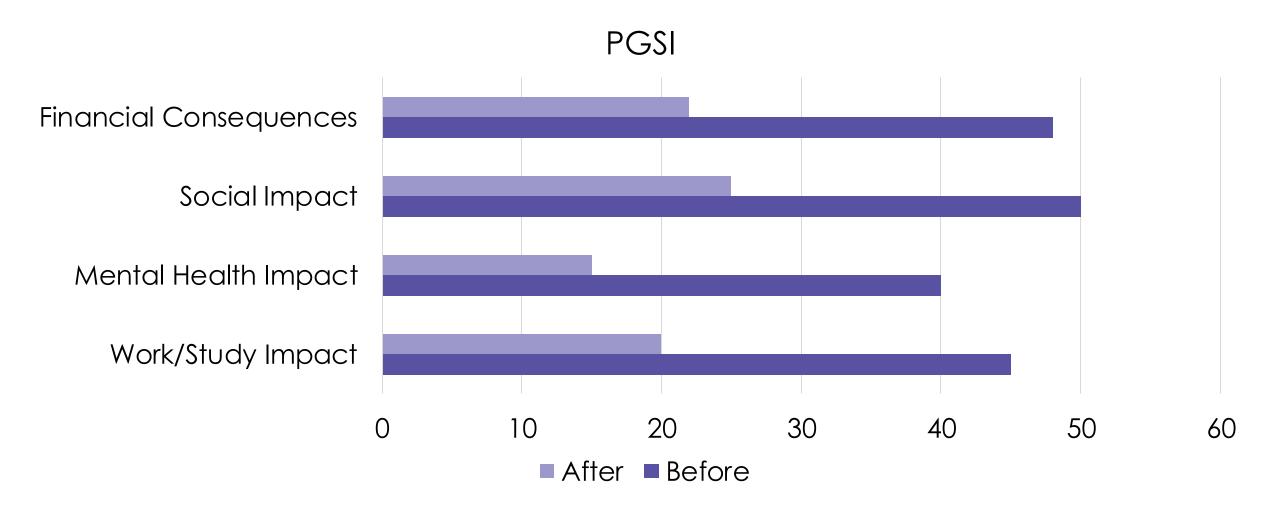




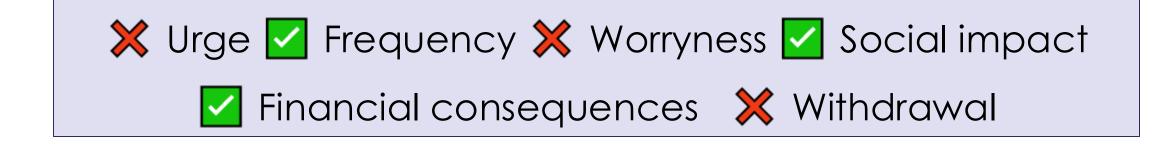








Symptoms reduced but urge to gamble persists (high risk of relapse)



Consistent with findings \rightarrow SM \rightarrow tool in strengthening

mood regulation

LIMITATIONS

 \triangle Sessions could have contributed to overall wellbeing

because of rapport.

 \triangle High dependence on the apps themselves (risk of

impacting negatively and low independency.

 \triangle One case, need for replication \rightarrow low internal validity

 \triangle Need for long term results (+ follow up)

Thank you!

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