

Best Practices in the Treatment of Disordered Gambling

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Overview

- ◆ Overview – individuals to systems
- ◆ The Usual Suspects
- ◆ Commonalities
- ◆ Evidence based therapists or therapies?
- ◆ Technology transfer: research to practice
- ◆ Out of silos
- ◆ ROSC

Priorities

- ◆ Keep the client alive
- ◆ Keep the client in treatment

Treatments that have been applied

- ◆ Psychodynamic
- ◆ 12-Step
- ◆ Behavioral and Cognitive Behavioral
- ◆ Motivational and Brief Interventions
- ◆ Harm Reduction
- ◆ Pharmacotherapy
- ◆ Marital/family
- ◆ Financial Counseling
- ◆ Mindfulness Based




Psychodynamic Approaches

(Bergler, 1958; Rosenthal & Rugle, 1994)

- ◆ Understand Meaning of Gambling
- ◆ Historical Connection
- ◆ Psychological Defenses, Self-Deception and Denial
- ◆ Transference and Counter-transference Reactions

Meaning of Gambling

- ◆ Excitement
 - ◆ Rebelliousness and Anger
 - ◆ Freedom from Dependency
 - ◆ Social Acceptance
 - ◆ Escape from Affect
 - ◆ Hope
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Twelve Step Approaches

- ◆ **Social Support and Fellowship**
 - Understanding and Acceptance
 - Decrease Shame and Isolation
- ◆ **Structured Recovery Program**
- ◆ **Amends and Restitution**
- ◆ **Spirituality as Recovery Tool**
- ◆ **Self-Change and Self-Forgiveness**
- ◆ **VA Study – 74% of pts. Attending GA abstinent vs. 42% of those not attending GA (Taber et al 1987)**
- ◆ **12 Step = CBT (Toneatto & Dragonetti, 2008)**

Cognitive Behavioral Therapy

- ◆ Cognitive Model – Individuals who gamble problematically have erroneous beliefs about gambling based on false assumptions and biased information processing
- ◆ Irrational Thoughts
 - **Illusions of Control**
Ladouceur et al., 1998; Petry, 2000
 - **Irrational and Distorted Thinking**
Breen et al., 1999; Ladouceur & Walker, 2000
 - **Superstitious Beliefs**
Tonetto et al., 1997;
 - **Interpretive Biases**
Attribution, Gambler's Fallacy, Near Misses

Irrational Ideas about Gambling Held by Some Gamblers.

- ◆ 1. Gambling is an easy way to earn money
- ◆ 2. I can win it back
- ◆ 3. I'm smart; I have a system to beat the odds
- ◆ 4. Gambling will be the solution to my problems
- ◆ 5. Gambling makes me feel better
- ◆ 15. Money is my problem
- ◆ 6. I will pay it back
- ◆ 7. Stealing to gamble isn't really stealing
- ◆ 8. The more money I have to gamble with the more I can win
- ◆ 9. Even if I only have a few bucks, I'm better off taking a shot at winning

[Adapted from "In the Shadow of Chance," and Internet book by Julian I. Taber, 1998.]

Cognitive Behavioral Therapy

- ◆ Cognitive Interventions

- Correct Erroneous Beliefs
- Cognitive Restructuring to correct cognitive distortions and biases

Behavioral Model

- Behavioral Model based on view of gambling as a learned maladaptive behavior.
- Interventions use classical and operant conditioning techniques to reduce the excitement, arousal and cravings linked with gambling

Behavioral Model

- ◆ Specific Intervention Strategies
 - Exposure-extinction strategies
 - Imaginal desensitization
 - Problem Solving and Coping Skills
 - Relapse Prevention

Imaginal Exposure

- ◆ Individual Script: Describe a situation where you typically would engage in gambling.
- ◆ Describe exactly what you imagine happening step-by-step and your urge to gamble.
- ◆ Describe as many details about the experience as possible, including all your senses, what you imagined/or did see, hear, smell etc.
- ◆ If relevant, would you be using alcoholic, drugs, smoking etc.
- ◆ What physical symptoms are you aware of (e.g., rapid heart rate, sweating)
- ◆ What negative consequences do you anticipate from gambling.
- ◆ Imagine coping with the urge to gamble and resisting gambling.
- ◆ Consider the positive consequences of not gambling.

Symptoms: Record all symptoms that accompany this feared situation.

Difficulty breathing	Nausea/abdominal distress	Muscle tension	Other	
Racing/pounding heart	Chest pain/discomfort	Dry throat		
Choking sensation	Hot/cold flashes	Restless/pacing		
Numbness/tingling	Sweating			
Shakiness/trembling	Faint/dizziness			

Imaginal Exposure Rating Form

Date (Exercise)	Pre-tape Urge	Peak Level of Urge	Post-tape Urge
Practice 1 (am)			
Practice 2 (am)			
Practice 1 (pm)			
Practice 2 (pm)			

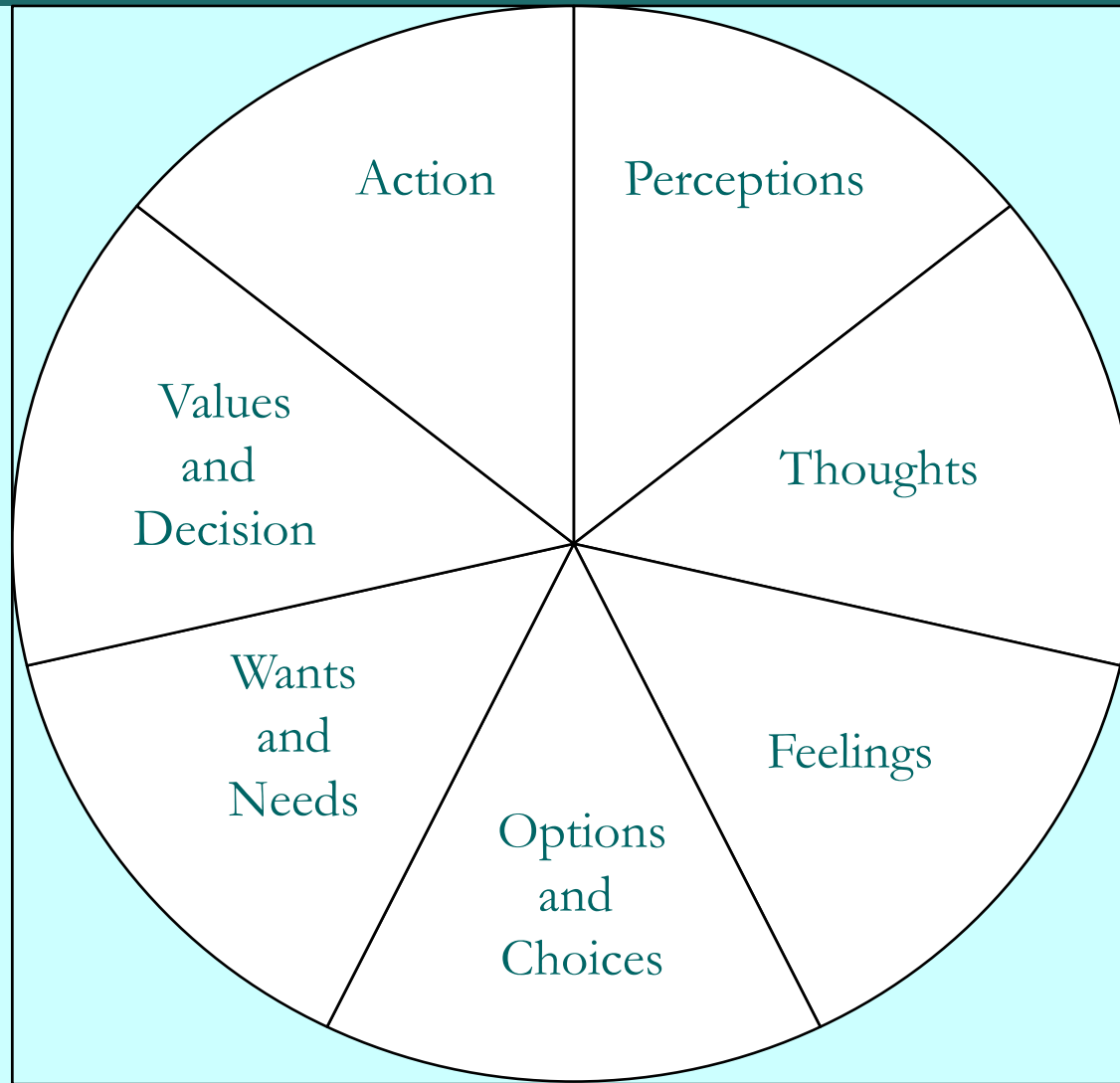
Imaginal Desensitization + MI (Jon Grant)

- ◆ Session 1: MI
- ◆ Session 2: Finances
- ◆ Session 3: Behavioral Interventions
- ◆ Session 4: Imaginal Exposure
- ◆ Session 5: Cognitive Tx
- ◆ Session 6: Relapse Prevention
- ◆ Session 7: Family Session (Optional)

Relapse Prevention

- ◆ Identify triggers (Trigger timeline)
- ◆ Functional Analysis
- ◆ Brain storming alternative responses

Impulse to Action Circle



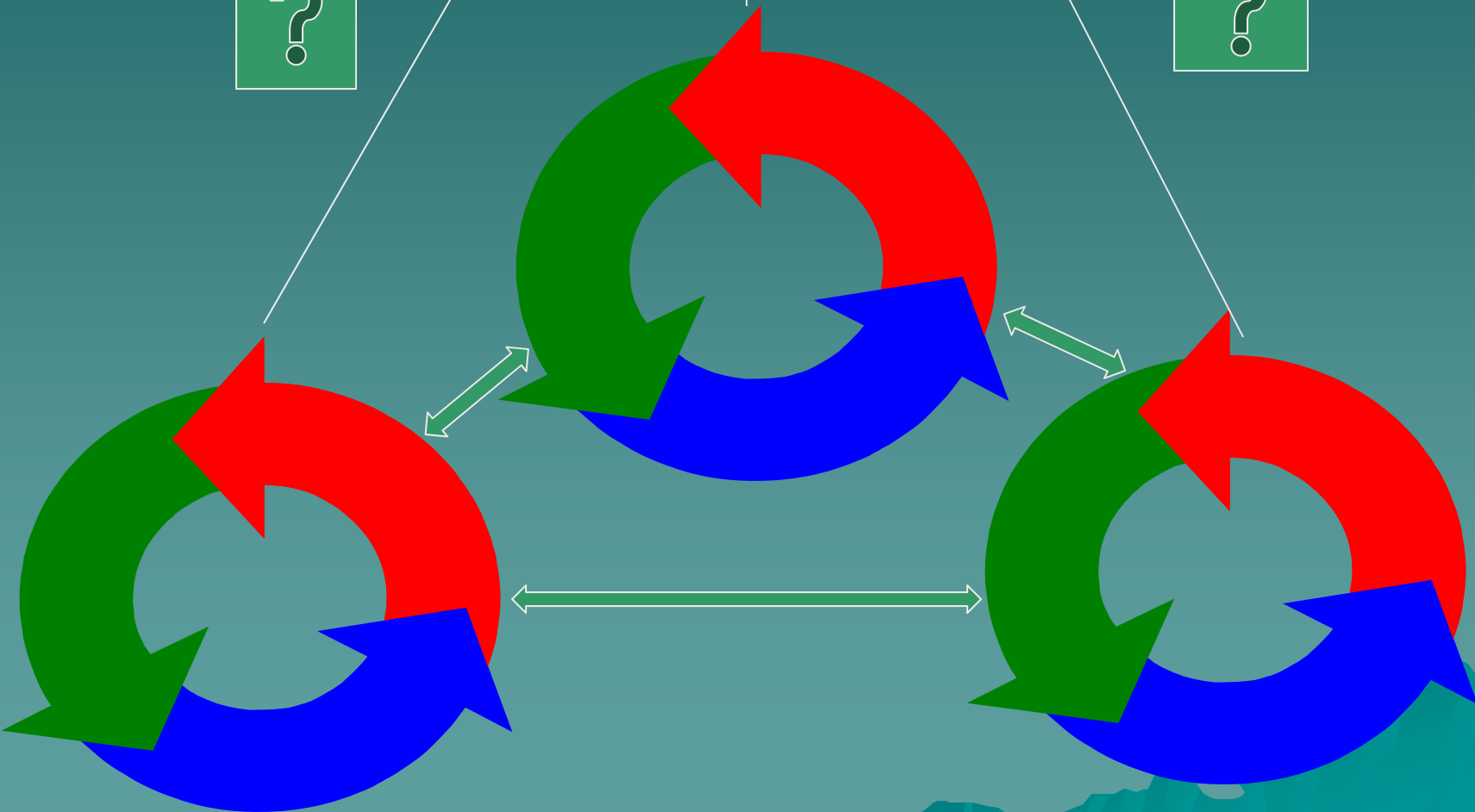
Motivational Interventions

- ◆ Interventions based on enhancing client's presenting level of motivation
- ◆ Help individuals explore and resolve ambivalence
- ◆ Client centered approach
- ◆ Studies have shown (Hodgins et al, 2002; Petry et al., 2008) significant gambling reduction with brief motivational interventions


Four General Principles

- ◆ Express Empathy
- ◆ Develop Discrepancy
- ◆ Roll with Resistance
- ◆ Support Self-Efficacy

Life Goals



MI Techniques


- ◆ Open-ended questions
 - ◆ Affirming strengths and choices
 - ◆ Reflective listening
 - ◆ Eliciting change talk
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Mindfulness Based Relapse Prevention

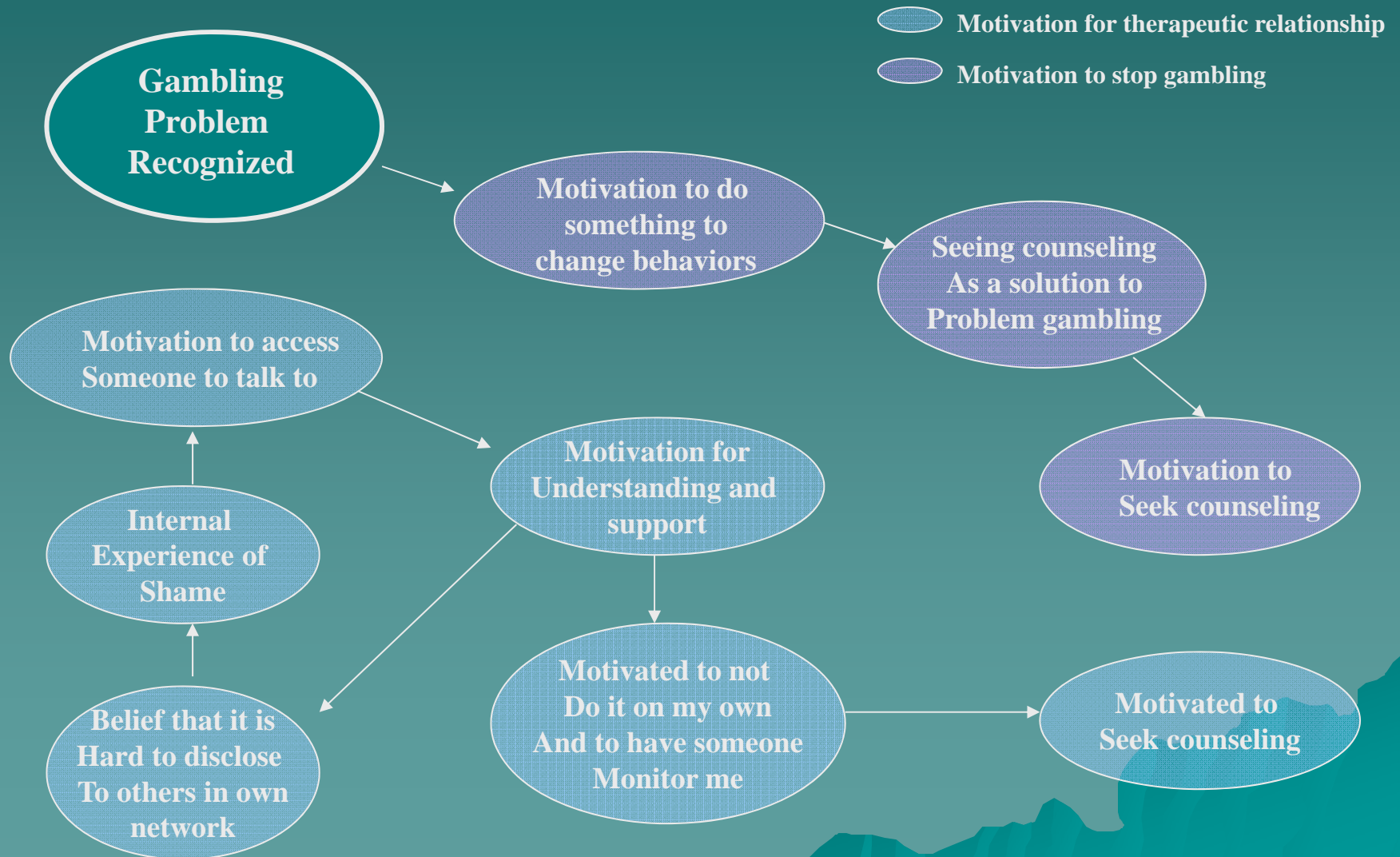
- ◆ Change relationship to gambling thoughts
- ◆ Coping with cravings
- ◆ Self-awareness
- ◆ Affect tolerance
- ◆ Decrease impulsivity
- ◆ Self-compassion

(Bowen, Chawla & Marlatt, 2010; Toneatto et al., 2007)

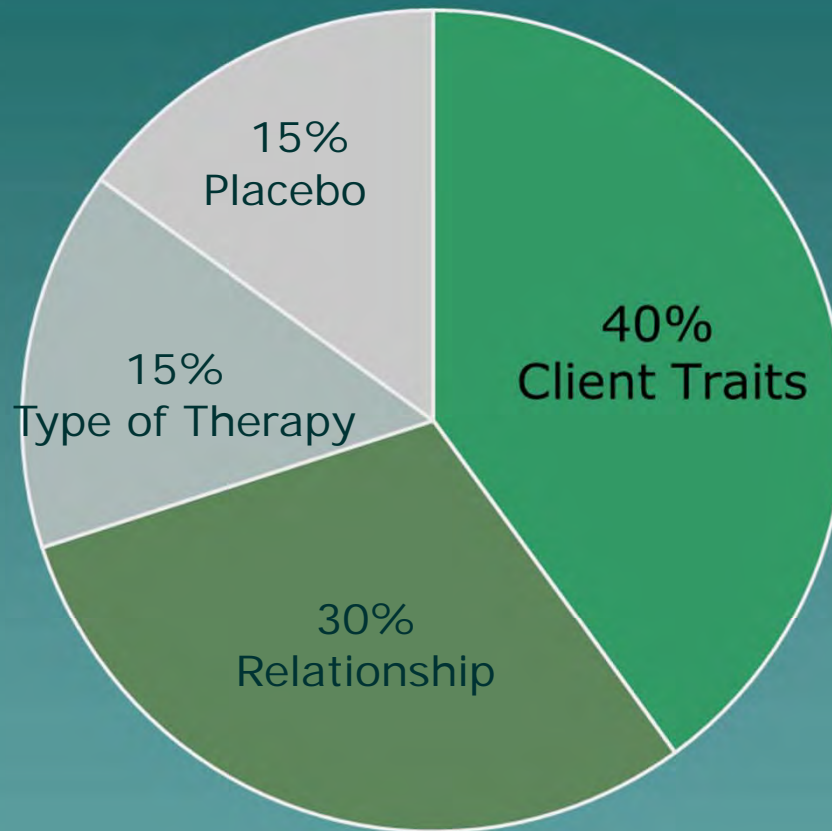
Common Factors

- ◆ Structure from chaos
 - ◆ Increase self-awareness and insight
 - ◆ Define risk factors and vulnerabilities (triggers)
 - ◆ Provide alternative responses
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Dual Motivation for Seeking PG Counseling (Carnie, 2007)



What Effects Treatment Outcome



□ extra therapuetic □ therapeutic relationship □ type of therapy □ expectancy/placebo

Treatment Outcome

	In	Out
Med	1	3
Placebo	2	4

Redefining Best Practices

- ◆ Ensuring the application of specific guidelines and approved or “empirically validated” psychotherapeutic methods does not lead to improved treatment outcome. Differences in treatment methods, diagnoses, and even length of treatment account for less than 5% of the variance in outcomes (Bowen, Dries & Nace in the Heart and Soul of Change: What Works in Therapy)

Treatment Outcome

Meta-analysis establishing association between alliance and outcome (Horvath et al., 2011; Tryon & Winograd, 2011) even in structured CBT (Waddington, 2002) and pharmacological treatment (McKay et al 2006)

Redefining Best Practices

- ◆ Development of evidence-based therapists is at least as much as, if not more, [important] than the dissemination of specific therapies
- ◆ “No amount of theory, coursework, continuing education, or on-the-job experience will lead to the development of ‘experienced judgement’ required for superior performance... For that it appears that practitioners must be engaged in the process ..[of] continuously reaching for objectives just beyond their current ability.”
(Miller, Hubble & Duncan)ki;lo

Treatment Outcome and Client Attribution of Therapist Characteristics

High On:	Low On:
Empathy	Blaming
Warmth	Ignoring
Understanding	Rejecting
Acceptance	
Positive Regard	
Collaboration	
Successful repair of relationship ruptures	
Genuineness	

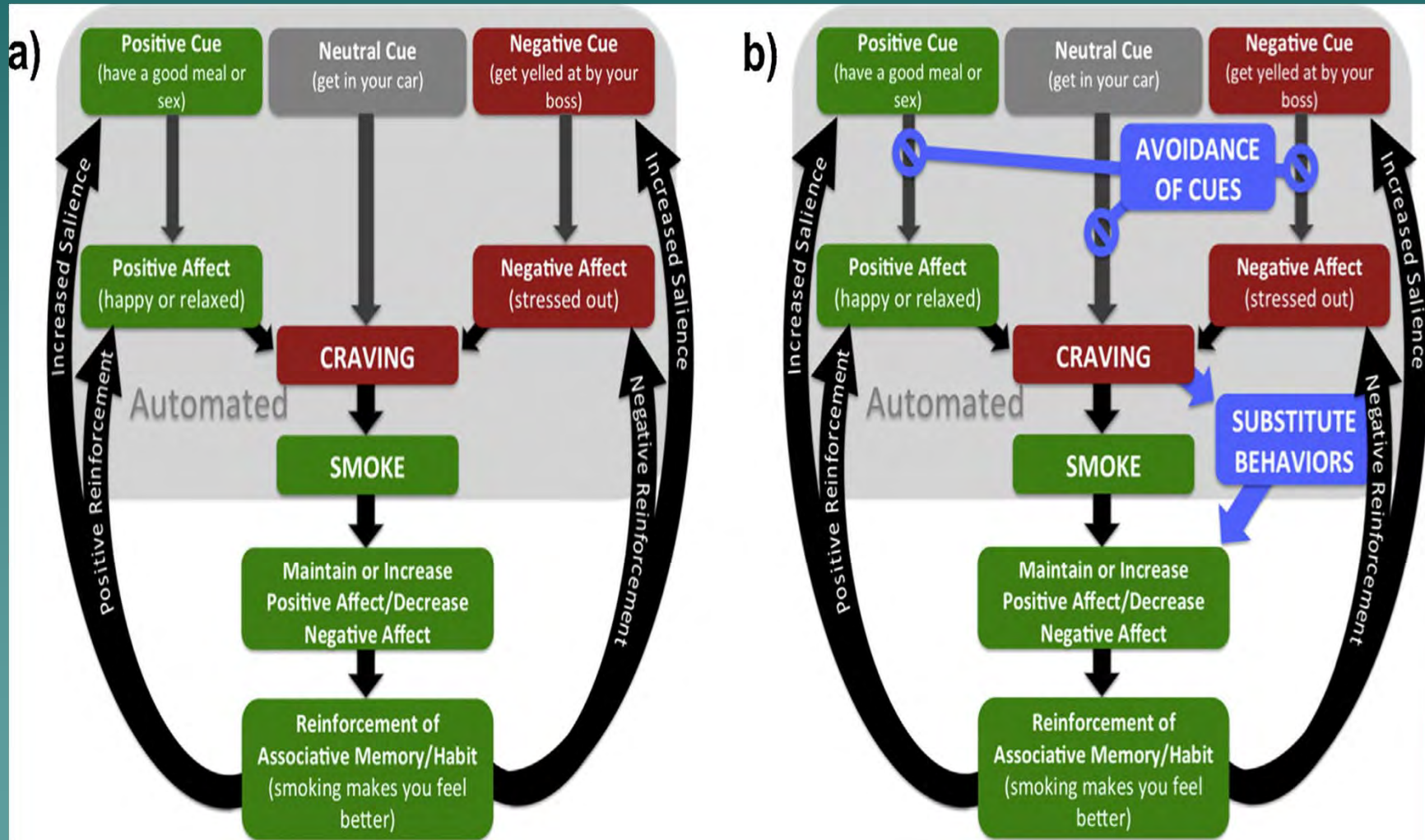
Therapist Mindfulness Skills

- ◆ Acceptance
- ◆ Nonjudgmental
- ◆ Attentive – being present
- ◆ Observant (self and others)
- ◆ Reflective Listening
- ◆ Awareness (self and others)
- ◆ Relaxed alertness
- ◆ Understanding
- ◆ Compassionate communication

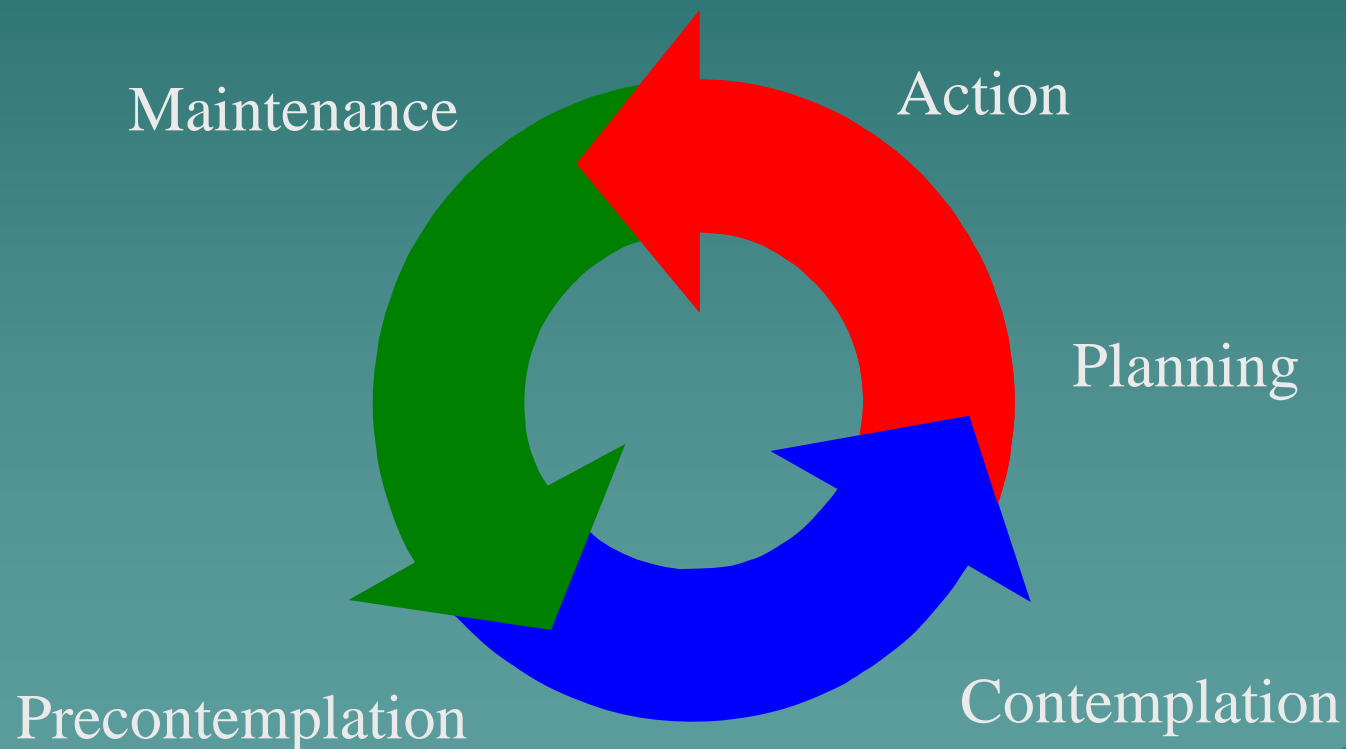
Treatment Matching



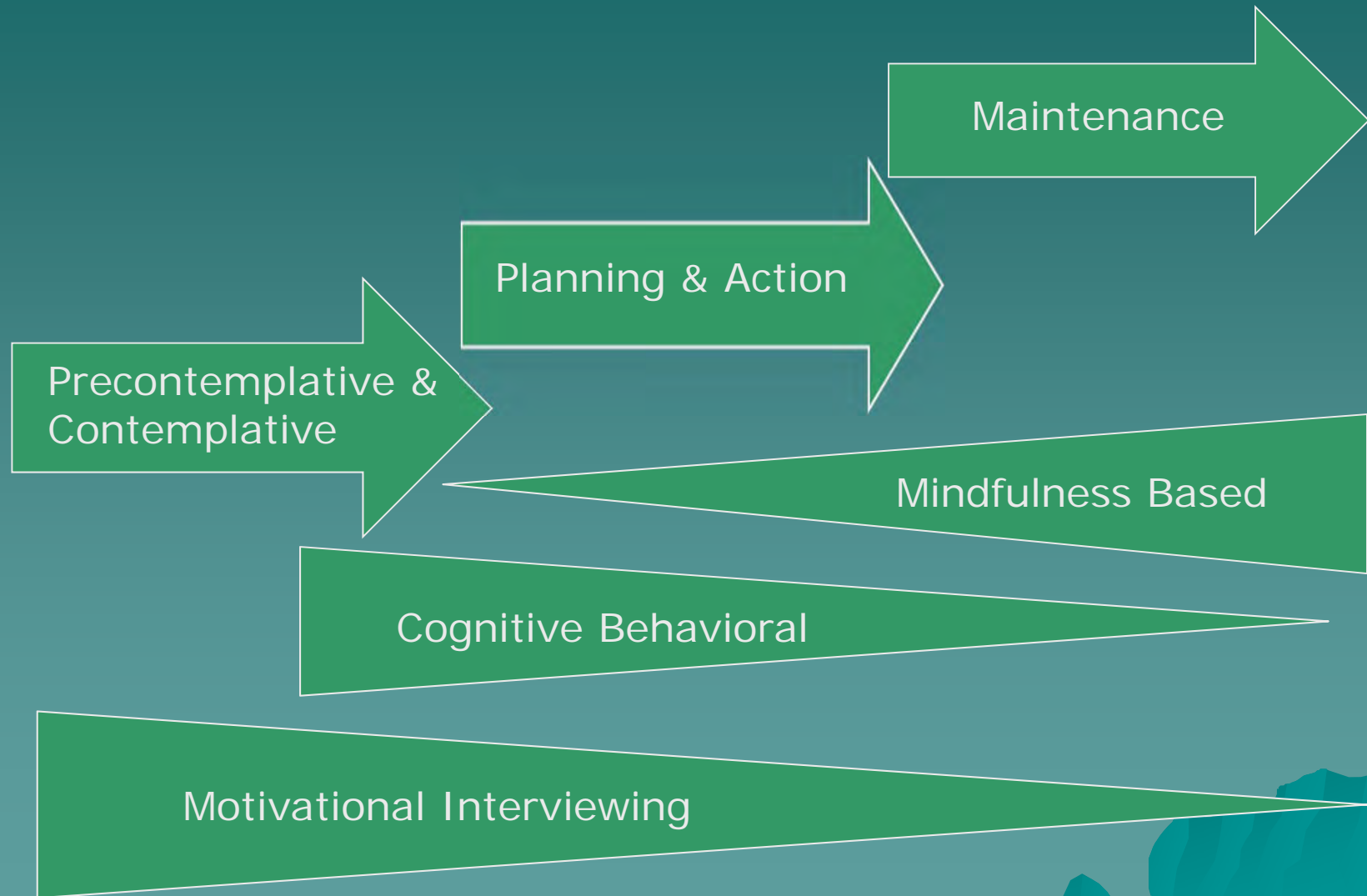
Where to Intervene in Addiction Cycle?



Matching to Level of Motivation



Matching to Level of Motivation



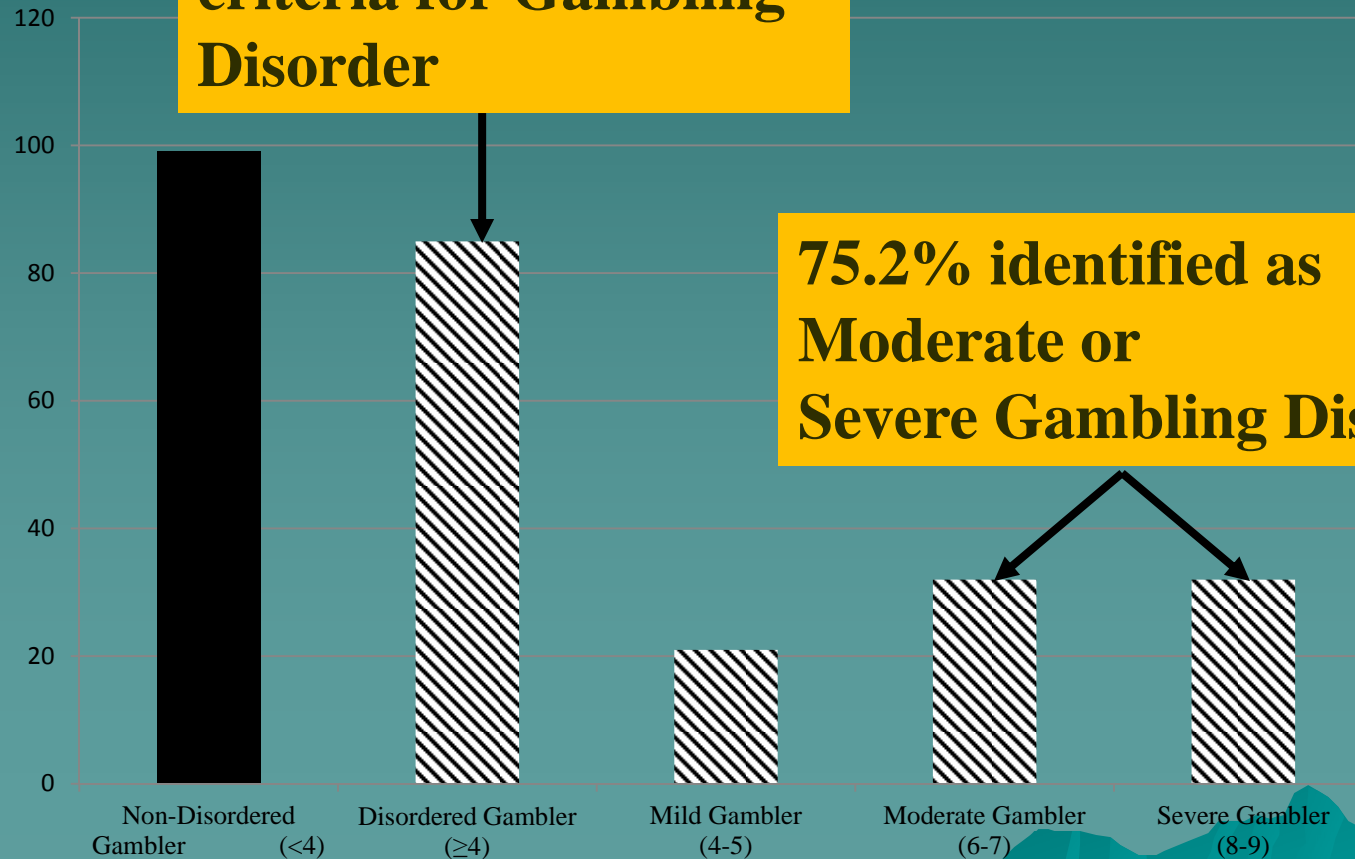
Technology Transfer: Research to Clinical Reality

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DSM-5 GAMBLING DISORDER AMONG CLIENTS IN MAT

(Himmelhoch et al, 2015)

46.2% met DSM-5 criteria for Gambling Disorder



75.2% identified as Moderate or Severe Gambling Disorder

DSM-5 GAMBLING DISORDER AMONG CLIENTS IN MAT

(Himmelhoch et al, 2015)

◆ CONCLUSIONS

– Brief screening measures (Lie/Bet, NODS-CLiP, NODS-PERC, BBGS) perform well in the substance abuse treatment setting

◆ However

– In actual clinical settings these screens result in 1 – 4% positive screens (Maryland, Iowa, Oklahoma)

Other Issues

- ◆ High rates of drop out in both research studies and clinical practice
 - Research drop out rates 14% to 50% (Thomas et al, 2015)
 - Treatment drop out in one study 44.8%
- ◆ Exclusion Criteria
 - Co-occurring disorders
 - Problem gambling severity
 - Medication

Barriers to Help Seeking

(Pulford et al, 2008; Evans & Delfabbro, 2005; McMillen et al (2004); Taveres, 2002)

◆ Person-Centered Factors Predominant

- Want to resolve problem on own and pride
- Shame and embarrassment
- Reluctance to admit problem
- Too overwhelmed to get help

◆ Service Centered Factors

- Bad help seeking experience
- Being treated like “addict” or mentally-ill person
- Couldn’t get service at time or place wanted

Future Directions

- ◆ Addressing financial problems and asset protection planning
- ◆ Family involvement
- ◆ Treatment outcome differences based on gender, age, culture, gambling preference

Future Directions: Clinical Best Practices

- ◆ Study best providers
 - Highest screening rates
 - Highest engagement rates
 - Best clinical outcomes
 - Highest client satisfaction

Challenges: Coming Out of Silos

Substance
Use
Disorders

Mental
Health
Disorders

Gambling
Disorders

Primary
Care



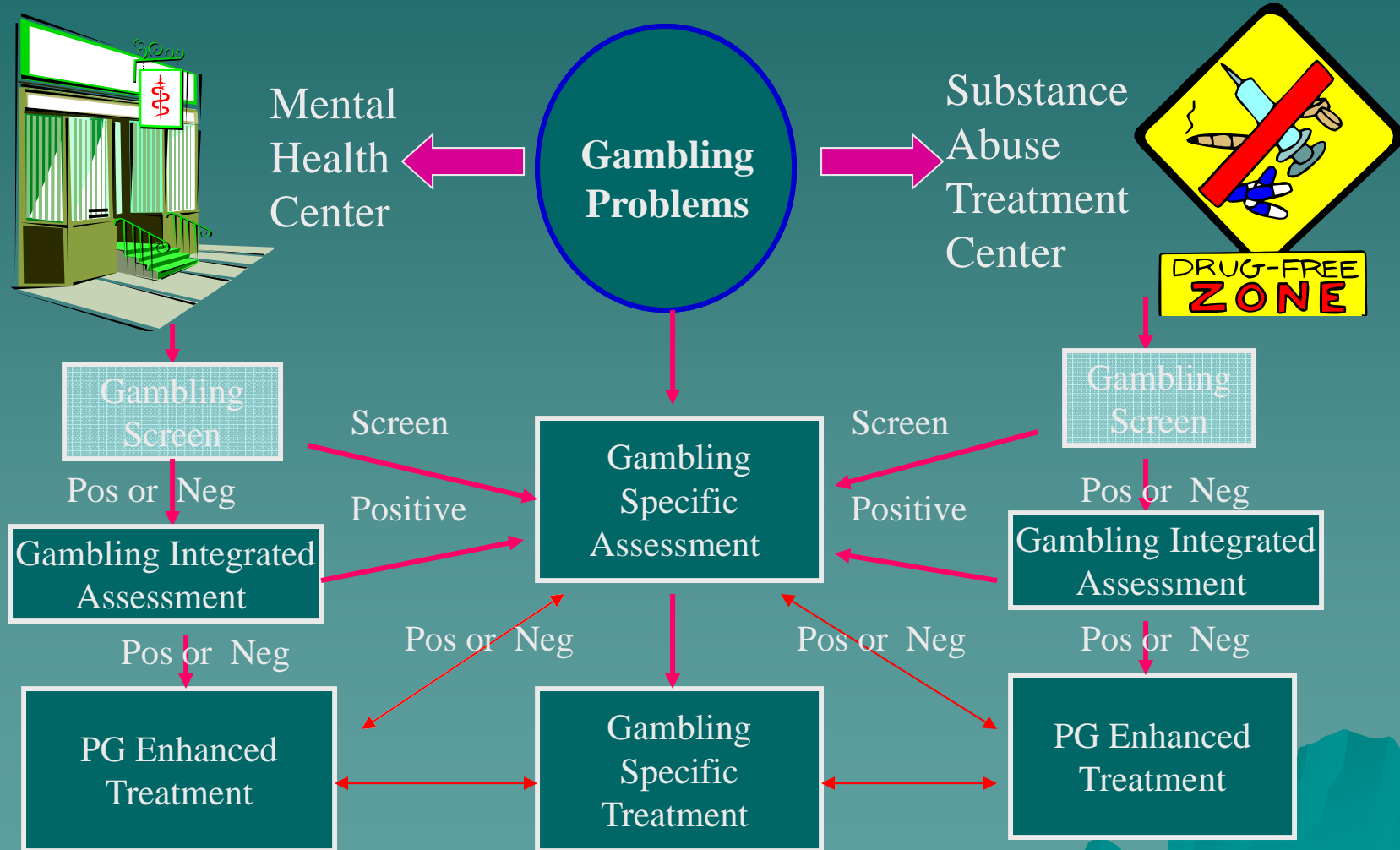
Why Bother

Lifetime Co-morbidity

- ◆ Although nearly half (49%) of those with lifetime pathological gambling received treatment for mental health or substance abuse problems, none reported treatment for gambling problems

Kessler et al., 2008 (National Comorbidity Survey Replication)

No Wrong Door



Disordered Gambling Integration (DiGIn)

<http://www.mdproblemgambling.com/treatment-providers>

- ◆ Addressing gambling and gambling problems for individuals presenting with a primary concern of a substance use, mental health or medical disorders is not just about making a diagnosis or finding cases of gambling disorder.
- ◆ Rather this approach involves assuring that the impact of gambling on recovery, health and well-being is an ongoing topic of conversation in treatment, recovery and prevention settings.

Beginner's Mind

- ◆ Knowledge is not enough, unless it leads you to understanding, and, in turn, to wisdom.
- *Sarnoff, "Youth in a Changing World," 1954*