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
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.

<table>
<thead>
<tr>
<th>Difficulty breathing</th>
<th>Nausea/abdominal distress</th>
<th>Muscle tension</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racing/pounding heart</td>
<td>Chest pain/discomfort</td>
<td>Dry throat</td>
<td></td>
</tr>
<tr>
<td>Choking sensation</td>
<td>Hot/cold flashes</td>
<td>Restless/pacing</td>
<td></td>
</tr>
<tr>
<td>Numbness/tingling</td>
<td>Sweating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shakiness/trembling</td>
<td>Faint/dizziness</td>
<td></td>
<td></td>
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</tbody>
</table>
## Imaginal Exposure Rating Form

<table>
<thead>
<tr>
<th>Date (Exercise)</th>
<th>Pre-tape Urge</th>
<th>Peak Level of Urge</th>
<th>Post-tape Urge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice 1 (am)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice 2 (am)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice 1 (pm)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice 2 (pm)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

- Action
- Perceptions
- Values and Decision
- Thoughts
- Wants and Needs
- Feelings
- Options and Choices
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
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
Dual Motivation for Seeking PG Counseling (Carnie, 2007)

Gambling Problem Recognized

Motivation to access Someone to talk to

Internal Experience of Shame

Belief that it is Hard to disclose To others in own network

Motivation to do something to change behaviors

Seeing counseling As a solution to Problem gambling

Motivation for therapeutic relationship

Motivation to stop gambling

Motivation to access Someone to talk to

Motivation for Understanding and support

Motivated to not Do it on my own And to have someone Monitor me

Motivated to not Do it on my own And to have someone Monitor me

Motivation to access Someone to talk to

Motivation for therapeutic relationship

Motivation to stop gambling
What Effects Treatment Outcome

- 40% Client Traits
- 30% Relationship
- 15% Type of Therapy
- 15% Placebo

Legend:
- extra therapeutic
- therapeutic relationship
- type of therapy
- expectancy/placebo
## Treatment Outcome

<table>
<thead>
<tr>
<th></th>
<th>In</th>
<th>Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Placebo</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>
Redefining Best Practices

- Ensuring the application of specific guidelines and approved or “empirically validated” psychotherapeutical 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)
## Treatment Outcome and Client Attribution of Therapist Characteristics

<table>
<thead>
<tr>
<th>High On:</th>
<th>Low On:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy</td>
<td>Blaming</td>
</tr>
<tr>
<td>Warmth</td>
<td>Ignoring</td>
</tr>
<tr>
<td>Understanding</td>
<td>Rejecting</td>
</tr>
<tr>
<td>Acceptance</td>
<td></td>
</tr>
<tr>
<td>Positive Regard</td>
<td></td>
</tr>
<tr>
<td>Collaboration</td>
<td></td>
</tr>
<tr>
<td>Successful repair of relationship ruptures</td>
<td></td>
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<tr>
<td>Genuiness</td>
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</table>
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

Precontemplation → Contemplation → Planning → Action → Maintenance

- Precontemplation
- Contemplation
- Planning
- Action
- Maintenance
Matching to Level of Motivation

- Precontemplative & Contemplative
- Planning & Action
- Maintenance
- Mindfulness Based
- Cognitive Behavioral
- Motivational Interviewing
Technology Transfer: Research to Clinical Reality
46.2% met DSM-5 criteria for Gambling Disorder

75.2% identified as Moderate or Severe Gambling Disorder
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**
  - 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

<table>
<thead>
<tr>
<th>Substance Use Disorders</th>
<th>Mental Health Disorders</th>
<th>Gambling Disorders</th>
<th>Primary Care</th>
</tr>
</thead>
</table>

[Image of silos representing different areas]
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 Comorbididity Survey Replication)
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