

Individualized Treatment for Problem Gamblers

Therapist Manual

UCLA
Gambling studies program

California Alcohol and Drug Program
Office of Problem Gambling

Individualized Treatment for Problem Gamblers

Prepared by:
Timothy W. Fong M.D.
Richard J. Rosenthal M.D.

UCLA Gambling Studies Program

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Disclaimer for Therapist CBT Manual:

This Therapist Cognitive Behavioral Therapist (CBT) Manual is designed to assist problem and pathological gamblers in addressing negative consequences and issues that have occurred because of gambling. This preliminary publication should be used in conjunction with the Patient CBT Workbook, and is an aid for use by mental health and substance abuse treatment providers to deliver cognitive-behavioral therapy. This manual is currently being evaluated for effectiveness and the results will be made available through the Office of Problem Gambling. These results will help to determine best treatment practices. There is no representation, warranty, or guarantee that this compilation is error-free.

Introduction



Pathological gambling is a progressive disorder characterized by a continuous or periodic loss of control over gambling; a preoccupation with gambling and with obtaining money with which to gamble; irrational thinking; and a continuation of the behavior despite adverse consequences.

Gamblers will seek help for a variety of reasons. Some may have already recognized that they have a serious gambling problem and that they need to abstain. Others want help learning how to cut down or control their gambling, but are not ready to consider abstinence. Gamblers may seek help after a particularly significant loss, while in a state of acute desperation. They may be feeling shame, helplessness, or depression. Others are worried about specific debts, or about the reaction of spouse or family members. Some may have legal or work-related problems.

One should not assume that the gambler's goal in coming for treatment is the same as the therapist's goal for his or her patient.

Furthermore, some gamblers will stop gambling at or near the very beginning of therapy. Once their underlying problem is identified, they will focus on it, and seemingly lose interest in gambling, as if they no longer have any need for it. Other gamblers will continue to have strong urges and cravings, and helping them to regain control over their impulses, to stop gambling and stay stopped, is the bulk of the work of therapy.

The treatment to be utilized here is followed along with the 6-session manual created by the UCLA Gambling Studies Program

Homework Assignments

Homework assignments are extremely important, and their purpose should be explained to the gambler. Assignments continue the work begun in the session, by helping the gambler to get in touch with their thoughts and feelings, and to learn that things don't just happen to them. The assignments promote their curiosity about themselves, helps them to consolidate what they've learned in therapy, to develop good habits and a healthier relationship with themselves.

Why the gambler doesn't do an assignment is important, and the therapist needs to inquire about it without putting the gambler on the defensive or furthering guilt and greater resistance. The emphasis should be on trying to understand, without assuming one already knows. For example, some gamblers will associate homework assignments with being back in school, which may bring up uncomfortable or painful memories. Some may be ashamed to acknowledge learning, reading or writing problems that interfere with the completion of assignments.

Gamblers may resist doing an assignment because they anticipate failing at it, or because it would put them in touch with painful feelings or memories. They may be ambivalent about therapy or about giving up their gambling. For some, it may represent a problem with the therapist as an authority figure or as someone with whom they are in competition. Doing the assignment may mean being submissive or weak.

Exploration of the missed assignment should bring up information that furthers the therapy. It is not a power struggle or intended to make the patient feel diminished or like more of a failure.

Session 1

Assessment

Patient Goals:

- To learn more about your gambling patterns
- To consider your gambling goals
- To outline a path for moving forward with treatment

Therapist Goals:

- Establish rapport, engage client in the treatment
- Provide a clear rationale (“gambling as learned behavior”) for treatment
- Instill hope and motivation

Session Components:

- Complete Assessment
- Engage client into treatment plan 03054169573
- Describe Homework Assignments

Therapist tasks:

The therapist has three tasks to address in this first session.

The first is to try to clarify with the gambler what their goal or objective is in seeking help. This may mean what they want to accomplish during the six weeks of therapy, but will very likely focus on what they need from this first session. The therapist’s role is a dynamic one, to move the gambler into whichever chapter is most appropriate for them.

The second task is to establish an alliance with the gambler that is therapeutic. One should be supportive, and sympathetic to the often conflicted and mixed feelings that the gambler brings to the session. “The very fact of the patient coming for treatment more often than not represents an enormous failure for them. Some were coerced or blackmailed into it. Others, although propelled by inner pain or the desperation of their situation, had second thoughts immediately upon making the appointment. They feel guilty and ashamed, and while one might not always empathize with their discomfort (they are often very good at masking it), the very fact that they need our help is evidence of their humiliation (Rosenthal and Rugle, 1994).”

Citing Taber's (1985) excellent description of the pathological gambler's ambivalence, Rosenthal and Rugle (1994) summarize it thusly: "On the one hand, they fear treatment will turn out to be just one more failure in their lives. At the same time, they fear its success, that deceptions will be unmasked, changes imposed on them, and that they will have to give up the one comfort in their lives, their gambling."

Only by understanding the gambler's goals and expectations with regard to the treatment, can the therapist forge an alliance in which the two of them are working for a common purpose. It is easiest to be non-judgmental if the emphasis is on trying to understand the client's feelings and behavior. If the therapist can stimulate this curiosity in the client, the work will proceed more smoothly.

It is also important to give the patient something in this first session, something they can take away with them. It may be surprisingly simple: a particular insight into their behavior or a sense of feeling understood; being told their problem is not unique, and that compulsive gambling is treatable; leaving with a plan they can follow until they see you again.

The third task is to evaluate the amount of structure and support available for the gambler, and if inadequate, to try to optimize it. How will the client be spending his or her time between sessions? Is there full time employment, a family, social life and friends, and are there other interests besides gambling? Are people emotionally supportive or the opposite? Some individuals do much better in a structured environment, just as some prefer being around a lot of people while others are more comfortable being alone. What would be optimal for the client?

Several chapters will address this, and should improve relationships with spouse and family, while considering the need for life style changes and the development of new interests.

However, regardless of what else is discussed, there are two things that can be introduced in this first session that will improve structure and support between sessions. One of these is the use of homework assignments; the other is Gamblers Anonymous.

Techniques to Improving Treatment Engagement and Treatment Retention

1. Building Rapport:

This is an extremely important part of the treatment where the therapist first gets to know the client and makes the client comfortable.

Introduce yourself

Explain the purpose of the first session

-getting to know the client

-getting an idea of the client's gambling pattern and motivation to change

-discussing treatment and what future sessions will be like

Sample Questions to Build Rapport

Tell me a bit about yourself. What do you do for a living? Married? What is your living situation like (lives alone, apartment own house, children extended family)? How do you spend your free time?

Why are you seeking treatment now?

Have you been treated before for your gambling? (What was your experience like?)

Have you ever tried to quit on your own? (If yes, how did you do?)

How serious do you think your gambling problem is?

When you think about treatment, what is your idea of what treatment should be like?

What do you want to get out of treatment? How will you get it?

Ask about suicidality (past and present)

Now that you have obtained information on the client and his/her gambling behavior and have begun to establish rapport, it is extremely important to provide a very good treatment rationale.

Do not "lecture," but involve client (e.g., ask about the client's own experiences).

Also, probe for understanding and watch for resistance.

"Let me now explain a little how we will be working together. When you first came here to meet with (assessor's name), you spent quite a bit of time filling out questionnaires and answering questions about your gambling. In our next session, you will receive a written report about the results of this assessment. I will then discuss the results with you and give you feedback on what this all means."

For today let me just give a brief overview of how we think about excessive gambling. Like other so-called "addictive behaviors", we view excessive gambling as a harmful behavior, not some character defect or something people are born with.

"With time, gambling may develop into a habit that can be triggered in multiple ways.

For some people, urges to gamble are triggered at regular times. For example they buy lottery tickets every morning with their coffee at Stewart's. Or they regularly spend their lunch break at OTB.

For other people, the desire to gamble is triggered by things in the environment. Sometimes people don't even realize why they suddenly have thoughts about gambling, but the thoughts may be triggered by things such as having money in your pocket, getting your paycheck, reading the sports page, driving by OTB, or encountering gambling related ads on TV or radio.

For other people, thoughts about gambling can also be triggered by internal events, such as when a person feels stressed, bored, lonely, depressed or angry.

"Once gambling has become maladaptive habit, it may at first seem very difficult to change. If you decide to change, we will work with you to decide what your goals for change are. This treatment can help you to cope better with situations in which you tend to gamble and it can also help you to find alternative behaviors you can do instead."

Before continuing, asks the client for feedback:

"How does this sound to you? Is this something you would like to try?"

"So I am asking you to commit yourself to being patient and working with me for 6 sessions. You are of course free to withdraw from treatment, but should you decide to do so, I would ask that discuss it with me first and not just fail to show up. Is this something you can agree to?"

"Although the treatment is intended for people who want to stop gambling, the treatment goal is ultimately up to you. Next session we will talk more about what goals you want to set for yourself. It's entirely up to you. I will support you in whatever you choose."

"Most people find it helpful to think about things between sessions. I therefore sometimes suggest that, between sessions, people jot down a few things or that they practice certain behaviors. We can decide as we go along whether this would be helpful to you too."

Depending on the client's frame of mind and the urgency of the situation, set up the next appointment within 3-7 days of the first appointment. Avoid larger time spans, if at all possible.

Make sure the client knows that they have has 24-hours emergency service and give the client a card with the Center's telephone numbers in case he/she needs to call for any reason.

Session 2

Dealing With Consequences of Gambling

Patient Goals:

- To help you be honest with you family about the money you owe
- To determine the most pressing debts that have been accumulated and how to deal with them
- Dealing with legal problems created by gambling
- Dealing with work / employers

Therapist Goals:

- Identify the extent of harm caused by gambling behaviors
- Retain client in treatment
- Motivate client to work on recovery

Session Components:

- Review of Past Week's Events
- Review homework assignment from Session 1
- Complete Session 2 tasks
- Assign homework assignment for Session 2

Use the first 5 minutes of the session to allow the client to talk about last week's events. Use this time to explore any experiences the client wishes to discuss before beginning with the session agenda. Keep this exploration time limited. Tell the client that you would like to leave enough time to discuss the assessment results with him/her.

Providing Feedback from Homework Assignment:

Examples of how to provide feedback from Session 1 assignment:

"The report shows that you typically spend between \$150 and \$200 a week on gambling. Over the past 3 months, this has added up to over \$2,000. What do you make of this?"

"It says here that you spent 35% of your regular income last year on gambling. Does this surprise you?"

"You have experienced a number of problems on account of your gambling. For example, you said you have borrowed money and asked family members to bail you out of difficult situations. What comes to your mind when you read about this? ...

What else?"

Provide normative information from the SOGS and DSM-IV diagnostic criteria.

Discuss the meaning of the SOGS and NODS scores. Do not use the labels ("pathological" or "compulsive gambler"). Simply explain what percentage of the U.S. population would obtain a score equal to or higher than the client (e.g., 1-2%)

Ask for feedback:

"On the South Oaks gambling Screen, which is a widely used measure of the severity of a gambling problem, you scored 16 out of a possible 20 points. This score falls in the top 1-2% of the population. In another words, about 98% of Americans would receive a lower score. What do you think about this?"

Use **reflection** to highlight the impact gambling has had on the client's life; reflect the client's affect. *For example:*

Cl: "Gosh, I can't believe that my gambling is that bad!"

Th: "You're surprised to see that you seem to gamble more than most people."

Cl: "I don't see how my gambling can be that bad."

Th: "Um-hmm, this number looks terribly high to you."

Cl: "I'm telling you, I need to control these urges."

Th: "You really feel you would like to make some changes."

If the client's response indicates ambivalence, it is useful to highlight it by using double-sided reflections. *For example:*

Cl: "I know I am gambling too much, but don't I deserve to have some fun in life? I don't Drink or take drugs."

Th: "You really enjoy gambling, and you also can see that it is causing serious problems in your life."

Cl: "Well, I sometimes get carried away, but I don't really think it's that much of a Problem..."

Th: "So, on the one hand you can see some reasons for concern, and you really don't want to be labeled as having a problem..."

Cl: "I know going to the track is my downfall, but all my friends go."
Th: "So you really see that it's causing you problems, some changes, at the same time it's hard for you to imagine never going to the races again."

Cl: "Yes I really should change, but I never seem to be able to stick to a plan."
Th: "You really would like to change, and you are concerned that it might not happen because you have tried before and failed."

Pay attention to resistance

Be aware that the client may show resistance. This is a legitimate concern because resistance behaviors in treatment are correlated with poor outcome. You may notice resistance in the client's *motivational statements*. Examples of resistance:

Side-tracking: changing the subject, not responding

Defensiveness: minimizing, denying problem, excuses, blaming someone else.

Arguing: Challenging therapist, disagreeing, rejecting the therapist's opinion, discounting the information presented.

Please note: Resistance is a *therapist problem*. When you encounter resistance, never meet it head-on. Do not argue or disagree with the client; do not judge or challenge the client. Instead, use strategies such as:

Reflection:

Cl: "I'm not some impulsive individual. I can stop anytime."
Th: "You don't want to be labeled."

Double-sided Reflection:

Cl: "I don't gamble as much as some other people I know and I've won a lot of money"
Th: "You really like going to the casino, but at the same time you're concerned that these questionnaires say your gambling exceeds that of 98% of the population."

Shifting Focus:

Cl: "I am telling you right now, there's no way I will stop gambling."
Th: "You're getting way ahead of things. I am not talking about your quitting gambling here, and I don't think we should get stuck on that concern right now. Let's just stay with going through the feedback, and later we can decide about what, if anything, you want to do about your gambling."

Reframing

Reframing gives new meaning to what the client has said. The general idea is to place the problem behavior in a more positive light; but use the client's own words and own viewpoints about gambling.

For example:

Gambling could serve an adaptive function:

"Your gambling can be viewed as a means of avoiding conflict in your marriage. When things are not going well, you tend to relieve tension by going to OTB. This keeps you from getting really upset with each other. Yet later it seems to increase the tension between both of you."

The implication here is: the client cares about the marriage and has been trying to keep things together, but needs to do so in a more effective way.

Gambling could serve a protective function:

"When your wife says she really needs to have her teeth fixed or she needs to buy clothes for the kids, you don't want to increase her stress and have her worry about money. You try to solve the problem by winning some money so you can give her what she needs."

The implication here is that the gambler is concerned about the spouse and the family and could learn other ways to deal with financial difficulties.

Gambling could also serve a reward function:

"You may have a need to reward yourself with some fun for successfully handling a stressful job and a difficult situation at work."

The implication here is that there are alternative ways of rewarding oneself without gambling.

Summarizing

It is useful to summarize periodically during a session. At the end of the feedback session, give an overall summary and reflect what the client has said. It is particularly important to reflect the client's self-motivational statements ("I really need to change"). It is also very important not to negate reactions or reluctance from the client.

Session 3

Identifying Cognitive Distortions

Patient Goals:

- To learn about the distorted thoughts you have about gambling
- To acknowledge the problems erroneous thoughts can cause
- To learn why superstitions aren't true

Therapist Goals:

- Identify and correct cognitive distortions about gambling
- Retain client in treatment
- Motivate client to work on recovery

Session Components:

- Review of Past Week's Events
- Review homework assignment from Session 2
- Complete Session 3 tasks
- Assign homework assignment for Session 3

Illustrate Cognitive Distortions (errors in thinking)

- Negative rate of return
- *(coin toss example)*
- The "Independence of events" phenomenon
- "Illusions of Control"
- Superstitions
- Hope of Recuperating Losses
- *"The Excessive-Gambling-Chain-of-Thoughts" (vicious cycle of gambling)*

Horse race bettors, sports events bettors, and individuals playing the stock market all hold the erroneous belief that they have the skills and knowledge to make money on these events. This belief is contradicted by the fact that they all have lost large sums of money and are now seeking help for their gambling compulsion.

The general strategy in dealing with these clients is to make them understand that *so many chance factors are involved in these events that they ultimately become for the most part*

unpredictable and uncontrollable. Thus, any attempt to be successful in the long run is doomed to fail.

Use the following examples:

The horse race bettor: skill or chance?

Winning the races: unpredictable and uncontrollable events

What research has shown?

Hand-out "Horse race betting: What studies have shown."

Session 4

Dealing With Urges and Triggers

Patient Goals:

- To learn about the distorted thoughts you have about gambling
- To acknowledge the problems erroneous thoughts can cause
- To learn why superstitions aren't true

Therapist Goals:

- Identify techniques to deal with urges and triggers to gamble
- Retain client in treatment
- Motivate client to work on recovery

Session Components:

- Review of Past Week's Events
- Review homework assignment from Session 3
- Complete Session 4 tasks
- Assign homework assignment for Session 4

Techniques to Deal with Urges and Triggers:

Identify high-risk situations for gambling

Risky situations are those that increase a client's inclination to gamble. They generate urges to gamble and weaken the gambler's resolve to abstain. Identify what situations are high-risk for the client.

"For most gamblers, there are times when they don't think much about gambling and then there are other times when they really experience the urge to gamble. Perhaps it would be helpful for us to find out what triggers your desire to gamble and what situations or things get you into trouble?"

(If client claim(s) he is always thinking about gambling, ask what makes the urges worse).

For clients who have difficulty recognizing situations that trigger their desire to gamble, prompt with common situations, such as:

Receiving a paycheck
Not having enough money to pay for rent, bills, food, children's clothing
Wanting to buy a present for a loved one
Having won or lost money the day before
Reading the sports page; passing by OTB; seeing/hearing an advertisement about a Casino
Being invited to an outing or a leisure activity and not having enough money to participate
Having a conflict with a significant other or a problem at work
Feeling bored, lonely, misunderstood, angry
Drinking alcohol

The Difference between High-Risk Situations and Triggers (10 min)

To help the client understand the important role of cognition in his/her gambling behavior,

You need to lead the client to understand the difference between risky situations and "triggers." There are too many risky situations and it is impossible to avoid them all; but clients can learn to change their way of thinking in such situations, and this will determine whether they will gamble or not.

Use examples that are personally relevant for the client:

"You see, you have listed a number of situations here that instill the desire to gamble in you. It is probably fair to say that you cannot avoid ... (use the client's examples, such as: sometimes feeling bored or upset, driving by OTB, seeing a gambling ad)

"We call such situations "high-risk situations." In a way, you can think of them like a flashing red light: it signals that you may be in imminent danger. High-risk situations are similar. They signal that you may be in imminent danger to gamble. By themselves, they do not "make you" gamble, but in these situations you will have urges and thoughts about gambling: Let me give you an example."

Illustrate "risky situations" this with the "Gas Pump" (or the "gas grill") example.

Say:

"Imagine a gas station. Gasoline is a dangerous substance because it can explode and cause much injury or even just walk by a gas station.

"In order for a gas station to explode, you need a spark. Something has to ignite the gasoline fumes, such as when a careless individual lights a cigarette or leaves the car engine running while filling the tank.

“So, for a gas station to explode, you need to light a match. – And this is similar with risky situations that entice you to gamble. A situation by itself simply increases the risk of your gambling’ but it requires something else for gambling actually to occur. It requires a trigger.

“The question, then, is: what triggers the decision to gamble?

“What happens when you find yourself in a risky situation, say, when you feel lonely, bored, angry, have money in your pocket, or drive by OTB? All these can be considered high-risk situations. But what triggers the decision to gamble?”

Attend to the client’s reaction. Some clients may emphasize feelings (note: feelings are generated by thoughts!), others blame external circumstances or people, others blame their personality (I’m impulsive; I have no self-control).

Use a couple of the client’s own examples that show that the client does not always gamble in so-called high-risk situations (that’s exactly why the “cause” cannot be the situation):

“Let’s see if this is so. You said you often end up at OTB when you just got your paycheck (or: when you feel bored, had an argument with your wife, etc.) Has it happened that you received your paycheck (or: felt bored, had an argument...) but didn’t go gambling?

Find an example the client agrees with and explain, based on the example (s):

“You see, having money in your pocket or feeling bored isn’t really dangerous in itself. If that were the case, we would all have a serious gambling problem. It’s true, some people these situations can create an urge to gamble. –but even the, this urge does not really does not really make the decision for us. I could have an urge to drive to Foxwood today, but I could also make a different choice and decide not to go there.

“So, it’s not the risky situations by themselves that make people gamble. It’s the decisions they make in these situations. And these decisions depend on what people think and say to themselves in such a situation.”

Description of a Gambling Situation: Thoughts as “Triggers”

Ask the client to think of a recent gambling experience. Then get a very detailed description, step by step, of what happened in this situation and the client’s thoughts, i.e., what the client said to him/herself.

“Let’s see what happened the last time you gambled. Can you imagine yourself in this situation and describe it to me in great detail. When and why did you decide to go gambling?”

Techniques to Be Used

"Try to tell me exactly what you were thinking before, during, and after this situation.
What thoughts came to you when you made the decision to gamble?
What motivated you to gamble?
What did you think as you were gambling?
And what did you say to yourself after you were finished gambling?"

"Do you use any specific strategies or tricks that help you increase your chances of winning when you gamble? Or do sometimes "feel" that you are going to win?"

"Tell me more about it. Can you explain to me what about it you find so exciting?
"I'm not sure I understand. If you didn't bet, would it still be exciting?"

Write down the client's reasons. Keep on asking questions because you really want to understand the reason for his/her gambling.

Throughout this process, do not challenge or invalidate any of the client's beliefs or thoughts that are contradicted by the laws of probability. Do NOT challenge the client's beliefs. Simply probe for information with phrases such as:

What do you mean by..?	(e.g., I needed to feel good)
How do you know that...will happen?	(e.g., gambling will decrease my bad mood)
How did you choose...?	(e.g., the horse; slot machine; game table)

Many things that the gambler says at this stage will be helpful later when you teach the client methods for detecting and challenging cognitive distortions.

After you have obtained a detailed description of the client's thoughts before, during and after a gambling session (many of which will be erroneous thoughts!), thank the client:

"Thank you for sharing your thoughts with me and giving me such a detailed description of your last gambling situation. Since I have taken notes, we'll come back to it later.

"For now, let me just illustrate with an example how our thoughts and beliefs are directly associated with decisions that get us into trouble."

Proceed with an example like the following, but you should be creative and adapt the example below to something the client can relate to.

With a horse better, you might say:

"I'd like to ask you to concentrate on the following scenario, Imagine that you and a friend are reading in the paper that a trainer whom you admire, say D. Wayne Lukas, has a horse running today at Belmont with a great jockey, say Edgar Prado.

As you are reading this, you think:

'Surfside' won in Saratoga and Aqueduct this year. He's clearly the best. And with Edgar Prado, he's bound to win this race!

As your friend is reading this, he thinks:

'Surfside' looks awfully good, and Prado is a great Jockey but too many things can go wrong! The track is sloppy, the horse stumble, I wouldn't bet my money on it."

"So, who do you think is more likely to bet on this race: you or your friend?

With a client who buys scratch-off tickets, you might juxtapose the client's thoughts (I feel lucky today; if I buy a few tickets, who knows, I could win \$1000. Somebody has got to win; why not me?) With a friend's thoughts ("it would be nice if I won \$1000, but the odds are simply too low!")

With a client who plays casino games, you might use an example of the Client's thoughts ("I know this machine hasn't paid in a long time; it's bound to pay off anytime now") or with a friend's thoughts (machines are a money pit; there's no way of knowing if I will win)

Session 5

Coping With Stress

Patient Goals:

- To consider what issues you have in your life that aren't directly related to gambling
- To identify those issues and consider strategies for dealing with them
- To learn problem solving skills for dealing with the stress of daily life, so that the stress doesn't impede your recovery

Therapist Goals:

- Identify and instill techniques to deal with life stress that contributes to gambling
- Retain client in treatment
- Motivate client to work on recovery

Session Components:

- Review of Past Week's Events
- Review homework assignment from Session 4
- Complete Session 5 tasks
- Assign homework assignment for Session 5

This session presents three techniques on dealing with stress

1. Avoiding avoidance
2. Coping ways to cope
3. Developing activities

The therapeutic key is to discuss the barriers of prospective ways to deal with stress and why they may or may not be effective. The use of role-playing and following through with proposed plans is essential in this session.

Session 6

Dealing With Slips and Relapses

Patient Goals:

- Preparing client for the possibility of a lapse
- Teaching prevention skills: lapse vs. relapse

Therapist Goals:

- Identify techniques and develop plan for managing slips / relapses to gambling
- Retain client in treatment
- Motivate client to work on recovery
- Prepare client for

Session Components:

- Review of Past Week's Events
- Review homework assignment from Session 4
- Complete Session 6 tasks
- Discuss future treatment plans

Explore Barriers to Recovery

Review progress and acknowledge client for efforts and any improvements he/she might have achieved.

Examine any gambling related thoughts or urges client may still experience. If necessary, use the same cognitive techniques as before: help client to challenge irrational beliefs and to replace them with rational thoughts.

Ask about barriers client may continue to experience. Ask how client hopes to resolve them. Review with your client potentially dangerous situations.

Discuss the Possibility of a Slip or Relapse

- Emphasize the difference between slip and a relapse.
- Affirm for your client that maintaining abstinence is incredibly challenging, but possible.

Introduce Relapse Prevention Techniques

Review high-risk situations and triggers with your client using the behavior chain. Discuss situations in which it is most likely for a slip to occur for the client. Identify situations or thoughts that may cause a slip to occur.

Use a "fire" analogy to introduce relapse prevention skills.

Emergency Procedures: Stop, look, and listen...

Remain calm

Remember your resolution

Analyze the situation that has led to your slip or the urge to gamble

Ask for help

Learn from the experience

Other Therapeutic Techniques to Use with Gamblers

1. Emphasizing Participation in Gambler's Anonymous

Gamblers who are both in therapy and attending GA have better outcomes than those who do one but not the other. The two programs are complementary. There is no data on what the optimal dose or frequency of GA attendance might be, but we can be confident recommending active involvement (speaking at meetings, having a sponsor, reading the literature, working the steps). Viewing it as a 24 hour a day program helps to focus the gambler's attention on personal choices and responsibility.

GA provides structure and support; it helps reduce shame and guilt; and it helps maintain abstinence by reminding those who attend of the harm caused by gambling. It also provides some with a spiritual basis for recovery. Explaining how the client may benefit is important when recommending the program.

Some clients are not ready for GA, and may first have to address some issues in therapy. Going to GA may mean acknowledging the seriousness of their problem; others may be shy or mistrustful or ashamed of public disclosure. Some may be put off by what they consider the religious aspect of twelve step programs. Others may have tried GA in the past and either not been ready for it or had had what they remembered as a bad experience. As with those who neglect homework assignments, it is important not to pressure the individual, but to instead try to understand their reluctance to attend meetings.

It is also important to recommend that they try several meetings, in order to find those where they might most identify and feel comfortable. GA does not have the accessibility, frequency or diversity of meetings that AA has. Not only are there far fewer meetings, but also there are fewer types of meetings. In most parts of the country, it is unusual to find step meetings, comment meetings, or speakers meetings.

Also, since GA is a much smaller community, one cannot count on there being meetings for young people, women, people from different ethnic groups or who are not English speaking. Sponsorship also may not be as prevalent or as structured in many GA communities as it is in AA. It is important that chemical dependency counselors and other therapists be aware of these differences, so that the gambler can be adequately prepared and supported while first connecting with GA.

2. Working with Families or Significant others

For clients who have a willing partner, this session should be used to involve a significant other into the client's treatment. This is typically a spouse, fiancé (e), or boy/girlfriend. It can also be an adult son or daughter, a parent, or a close friend who knows that client well and is willing to be involved in the client's treatment.

Note: In cases where the client has significant domestic problems and the spouse insists on accompanying the client to therapy, the conjoint sessions should occur after completing the motivational enhancement procedure.

Establish rapport with the SIGNIFICANT OTHER

Raise SIGNIFICANT OTHER's awareness about gambling problems

Give SIGNIFICANT OTHER a voice and elicit possible feelings about client's treatment

Strengthen SIGNIFICANT OTHER's commitment to support client

Use SIGNIFICANT OTHER for verification (obtain information about client's progress)

Address possibilities for aftercare and importance of attendance

Self-help groups

Support groups

Support groups for SIGNIFICANT OTHER

The main purpose is to elicit from client and SO those aspects of their relationship which are seen as most positive and explore how they can work together to overcome the problem. This requires a focus on strengths and positive attributes.

Do NOT allow client and SO to spend significant portions of a session complaining, denigrating or criticizing as such communications tend to be destructive and do not foster a climate for change.

3. Psychodynamic Approaches:

Dynamic Formulation

Based on the pre-therapy assessment and first session, the therapist constructs a dynamic formulation. This is a brief written description and summary of the client.

The formulation consists of the following:

- Very brief demographic, situational description (i.e. Mr. X is a 43 year old paralegal who lives with his mother and has never been married)
- Diagnosis of pathological gambler based on DSM-IV criteria with number of criteria a quick and dirty measure of severity
- Most significant or immediate consequence of their gambling.
- What they feel is their most pressing problem right now. Why did they seek help? Why now, why today?
- The gambler's goal for treatment (i.e. controlled gambling, abstinence, to get their family off their backs, save their marriage, stay out of prison, etc.)
- What kind of support, and structure, they have.
- What do they like about gambling, what do they say they get out of it?
- What are they avoiding or escaping from?

- What role does gambling play in their lives?
- What does it, or did it, accomplish for them?
- What other problems are there, psychologically, physically or medically, and in terms of reality factors that need to be taken into account?
- What other interests they have, or had before gambling took over.
- Not shared with the gambler, an assessment of the early relationship with the therapist (i.e. challenging, deferential, polite, distant, idealized), how it might develop, and impede or enhance the therapy.
- Also not shared, an assessment of the gambler's strengths and weaknesses, including obstacles one might anticipate based on awareness of other problems, history accomplishing tasks and goals, pattern of past relationships.

The formulation should be brief, a couple of paragraphs and no more than a page. It won't be complete; it is a first impression. Nevertheless, a great deal of useful information will be available.

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Henry Lesieur and **Sheila Blume**, South Oaks Gambling Screen, South Oaks Foundation, 1992.

California Office of Problem and Pathological Gambling:

Terri Canale, Director
Sheryl Griego, Associate Governmental Program Analyst
Michelle Abe, Associate Governmental Program Analyst
Cyndi Maivia, Associate Governmental Program Analyst
Edna Ching, Staff Services Analyst
Amy Tydeman, Assistant
Ricci Walker, Graphic Designer

For more information, please contact:

Timothy Fong, M.D.

UCLA Gambling Studies Program
760 Westwood Ave
Los Angeles, CA 90024
Phone: 310.825.4845
Fax: 310.825.0301
E-Mail: uclagamblingprogram@ucla.edu

