



Treating Pathological Gambling with Motivational Interviewing and CBT: A Webinar for Addiction Professionals

Thursday, August 27
2 – 3 p.m., EDT

*Presented by:
The National Center for Responsible Gaming
and Global Gaming Expo*



Welcome and Introductions



Introductory Remarks
Glenn Christenson
Chairman
National Center for Responsible Gaming



Moderator
Christine Reilly
Executive Director
Institute for Research on Gambling Disorders

POLLING QUESTION

What is your profession?

- A. Clinician
- B. Public Health Official (e.g., State Department of Health, State Council on Problem Gambling)
- C. Researcher
- D. Other

Today's Presenters



David Hodgins, Ph.D.
Professor of Psychology in the Department of Clinical Psychology
University of Calgary



David M. Ledgerwood, Ph.D.
Assistant Professor
Wayne State University School of Medicine

- HOLD FOR MI AND CBT INFO?

POLLING QUESTION

Have you used MI and CBT in your practice with clients who have gambling disorders?

- A. I use **both MI and CBT** with gambling clients
- B. I have **not used either** MI or CBT with gambling clients
- C. I have **used only CBT** with gambling clients
- D. I have **used only MI** with gambling clients

Motivational Interviewing as an Important Treatment Ingredient

Dr. David Hodgins, Ph.D.
University of Calgary

Outline

- Background- What convinced me that motivational interviewing is an important ingredient in effective treatment?
 - Recovery study
 - Two Brief Treatment Studies
- Brief Introduction to Motivational Interviewing

Recovery Study Hodgins & el-Guebaly, 2000

Did you recover successfully from a gambling problem? Tell us your story...



Action Stage

Stimulus control (avoidance control)	49%
New activities (leisure, family)	47%
Treatment	28%
Cognitive (self-talk, thought stopping)	26%
Social support	23%
Spiritual	12%
Will power/decision making	9%
Miscellaneous	7%
Nothing	7%
Limited access to money	5%*
Self-reward	5%
Confession	5%



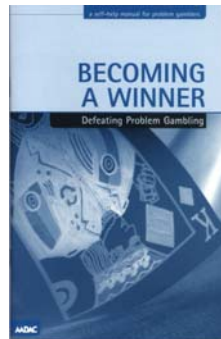
Maintenance Stage

New activities	44%
Remembering negative aspects/anticipating future negative consequences	33%
Social support	30%
Treatment	28%
Focusing on improvements in life	19%
Cognitive strategies for urges	16%
Stimulus control/avoidance	16%
Spiritual	12%
Insight into gambling behaviors	9%
Lack of finances	9%
Focusing on family responsibilities	7%
Limiting access to money	5%
Self-reward	2%

Other observations...

- Many people recover successfully “on their own” and want to “do it on their own”
- Related to less severe but not insignificant or short-term problems
- We need a range of treatment options, including “promoting self-recovery”

Problem Gambling Self-recovery Program

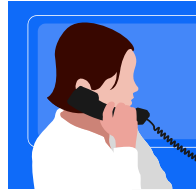


Hodgins, Currie & el-Guebaly, 2004

Brief Treatment Trial

(Hodgins et al., JCCP, 2001)

- Media Recruitment
- Random assignment to 3 conditions (N=102)
 - waiting list control (1 month).
 - self-help workbook through the mail.
 - self-help workbook through the mail plus a 30 - 45 minute motivational telephone interview.
- Telephone follow-up 1, 3, 6, 12, 24 months.
- Collateral verification



Motivational Interview = Motivational Nudge

1. Elicit client concerns
 - normative feedback
2. Explore ambivalence
3. Promote self-efficacy
4. Suggest strategies

Starting Point for Understanding Motivational Interviewing

“People are generally better persuaded by the reasons which they themselves have discovered than by those which have come into the minds of others”

Pascal's Pansees, 17th Century



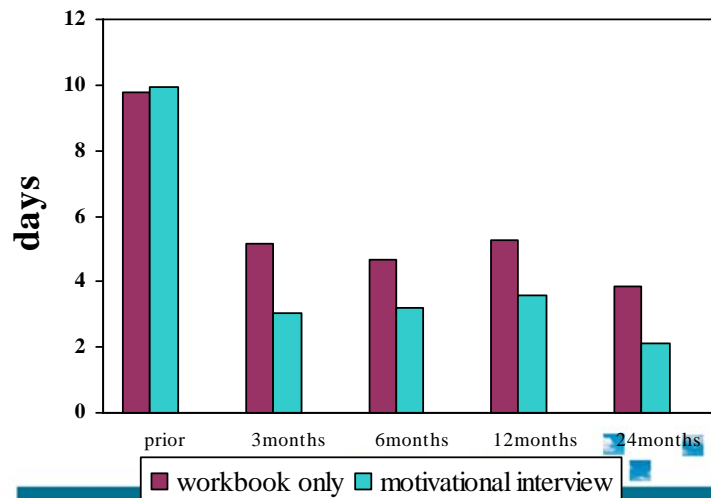
Coercion is not an effective strategy

Copyright 2001 by Randy Glasbergen. www.glasbergen.com



**“My boss gave me a motivation tape.
It’s a recording of him firing people.”**

Brief Treatment - 24 Month Outcome



What worked? (N = 314, Mode = 1, Mean = 1.6)

Action	% of people
New activities/Change in focus	68%
Stimulus Control/Avoidance	48%
Treatment	37%
Cognitive	34%
Budgeting	31%
Willpower/Decision-making/self-control	23%
Social support	10%
Others – confession, no money, non-gambling external factors, self-reward, spiritual, addressing other addictions	<5%

Hodgins et al., in press

“People are generally better persuaded by the reasons which they themselves have discovered than by those which have come into the minds of others”

Pascal's Pansees, 17th Century



Eliciting Change Talk

How does Brief treatment work?

+ Commitment	Days of Gambling		
	3 Months (n = 38)	6 Months (n = 39)	12 Months (n = 39)
<i>Total Change Talk</i>	-.39*	-.36*	-.35*
<i>First Third</i>	-.36*	-.27	-.33*
<i>Second Third</i>	-.49**	-.37*	-.31*
<i>Last Third</i>	-.15	-.25	-.24

* $p < .05$ ** $p < .01$ Hodgins & Ching, 2009

Motivational Interviewing

- Developed early 1980s: Miller and Rollnick
- First used with substance abusers many of whom were not only coerced into treatment but then described as resistive and unmotivated
- Now applied to other health/mental health problems: health screening, sexual behaviors, HIV risk, diabetes control, medication adherence health promotion, chronic disease prevention
- Used in many settings now: public health, medical, health, school, criminal

Scientific Support For MI

- Over 150 scientific studies show Motivational Interviewing successful in
 - Reducing resistant behaviours
 - Increasing compliance
 - Lowering dropout rates
 - *Better outcomes with a variety of clinical disorders!*
 - Practitioners report less frustrations with people seeking help

Motivational Interviewing Definition

- *A directive, client-centred method for enhancing intrinsic motivation to change by exploring and resolving ambivalence (Miller & Rollnick, 2002)*
- Style versus therapy
- Client centred – listening & reflecting
- Focused on ambivalence
- Focused and goal-directed

It is all about active listening...
and
Resolving ambivalence about change

The MI Spirit

(Miller & Rollnick, 2002)

- Collaborative
 - Partner-like relationship
- Evocative
 - Elicit (draw out) motivation rather than instill it
 - The counselling style is quiet and eliciting
- Respectful
 - Respect for individual autonomy – responsibility for change is with client
 - Client has the right to choose
 - Client has the resources

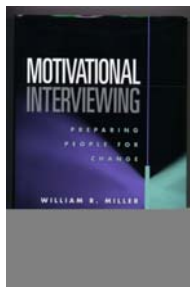
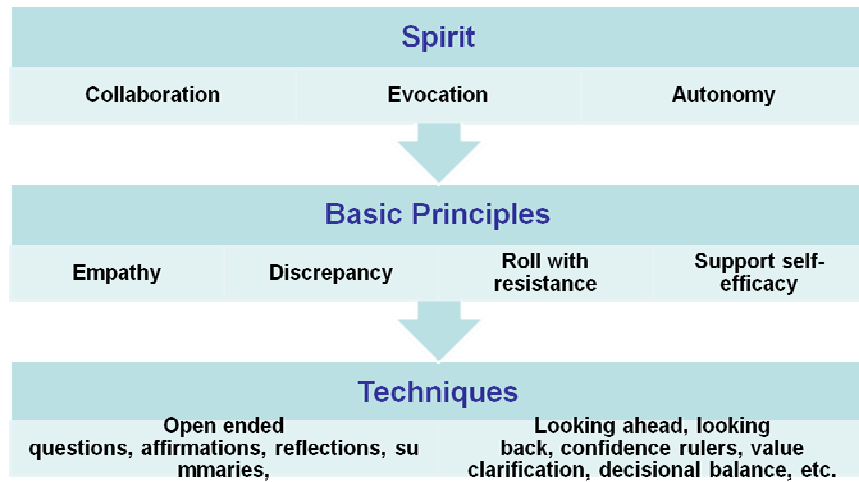
Bad habits are like a comfortable bed – easy to get into but hard to get out of.

Anonymous

Ambivalence = Mixed feelings



- Ambivalence is regarded as a normal aspect of human nature – common to us all
 - I want to, but I don't want to
 - I would feel better if I quit smoking but I might gain weight and feel gross.
 - I want to lose weight but I hate dieting
 - I want to spend time with my wife, but I am so busy
- Getting stuck in ambivalence can make change difficult



- Motivationalinterviewing.org
- Addiction.ucalgary.ca
- Hodgins, D.C. & Diskin, K.M. (2008). Problem and pathological gambling. In Arkowitz, Westra, H.; Miller, W.R. & Rollnick, S. (Eds). Clinical Applications of Motivational Interviewing. New York; Guilford (pp. 225-248).

Cognitive Behavior Therapy

David M. Ledgerwood, Ph.D.

Background of CBT

- Based on behavioral principles and cognitive psychology
- Cognitions (thoughts, emotions, motivations) mediate the relationship between environment and behavior
- An individual's ability to stop gambling depends on his/her ability to understand internal cognitive processes and their role in perpetuating gambling

- Depending on their focus, some treatments have been called Cognitive Therapy (because they focus more on cognitive distortions around gambling) or Cognitive Behavior Therapy (because of a greater focus on behavioral components such as reinforcing non-gambling behaviors, encouraging problem solving, improving social skills and preventing relapse).

- In this talk, I focus more on CBT than on CT

Very simply put, CBT attempts to help patients recognize, avoid, and cope. That is, RECOGNIZE the situations in which they are most likely to use cocaine, AVOID these situations when appropriate, and COPE more effectively with a range of problems and problematic behaviors associated with substance abuse.



From Carroll, 1998, A cognitive-behavioral approach: Treating cocaine addiction

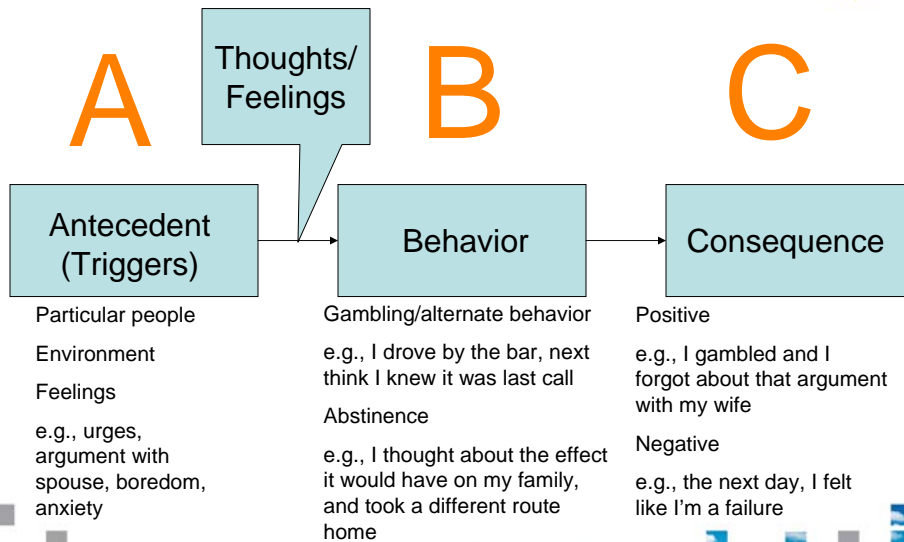


- Functional Analysis of behavior
- Individualized training - coping with cravings, managing thoughts, problem solving, planning for emergencies, seemingly irrelevant decisions, refusal skills
- Examination of cognitive processes
- Identification of high-risk situations
- Encouragement of extra-session practice
- In-session practice

Triggers



- **Triggers** are internal (e.g., emotional states) or external (e.g., people, places and things) events/states that increase the likelihood that one will use a substance



Make the plan

- Choose a trigger
- Brainstorm list of strategies
- Consider effects/consequences of each
- Pt. rates difficulty of implementing (1-10)
- Select one strategy, rehearse and role-play

Multiple Skills Training Exercises

- Assertiveness training
- Communication Skills
- Gambling Refusal Skills
- Managing Urges
- Increasing Pleasant Activities
- Seemingly Irrelevant Decisions
- Anger Management
- Planning for Emergencies
- Problem Solving
- Managing Negative Thinking
- Developing Social Support Networks
- Resolving Relationship Problems

Scientific Evidence for CBT



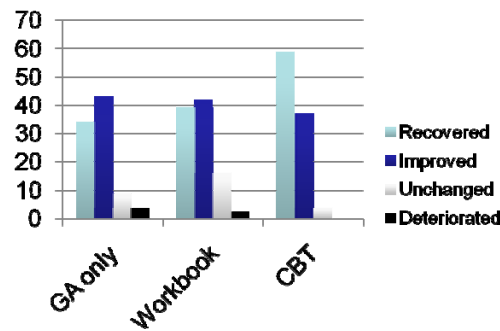
Petry et al. 2006, JCCP

- Recruited 231 pathological gamblers
- Randomly Assigned to: 1) GA only; 2) GA plus 8-week CBT workbook; or 3) GA plus 8, 50-minute CBT sessions
- Intent to treat analysis
- Assessed gambling problems at baseline, 1-month, post-treatment, 6-months and 12-months
- Outcome measures included: South Oaks Gambling Screen; Addiction Severity Index – Gambling; Days Gambled; Dollars Gambled

Petry et al. 2006, JCCP

- During treatment, those in the CBT group improved to a greater extent than did those in the workbook or GA only groups
- Graph is based on changes in SOGS score and amount of money wagered
- Some long term benefits of CBT were also noted at the follow-up assessments

Percent improvement during treatment



Other CBT and CT Studies

- Individual CT and CBT:
 - Ladouceur, Sylvain, Boutin, et al. (2001). Journal of Nervous and Mental Disease.
 - McConaghy, Blaszczynski, & Frankova, (1991). British Journal of Psychiatry.
 - Sylvain, Ladouceur, & Boisvert, (1997). Journal of Consulting and Clinical Psychology.
 - Wulfert, Blanchard, Freidenberg, et al. (2006). Behavior Modification.
- Group CT and CBT:
 - Echeburua, Baez & Fernandez-Montalvo, (1996). Behavioural and Cognitive Psychotherapy.
 - Ladouceur, Sylvain, Boutin, et al. (2003). Behaviour Research and Therapy.

Other CBT and CT Studies

- Brief Interventions:
 - Petry, Weinstock, Ledgerwood & Morasco, (2008). Journal of Consulting and Clinical Psychology.
 - Petry, Weinstock, Morasco & Ledgerwood, (in press). Addiction.
- Internet Based:
 - Carlbring & Smit, (2008). Journal of Consulting and Clinical Psychology.

Summary

- Research evidence supports the effectiveness of CBT for pathological gambling
- CBT concepts such as functional analysis, triggers and self-management planning are intuitive and useful for helping gamblers identify and cope with factors related to their gambling



- HOLD FOR NEXT WEBINAR INFO



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