New Directions in the Treatment of Pathological Gamblers

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Outline

1. Brief overview of the cognitive approach
2. Degree of conviction in our erroneous perceptions
3. Identifying the emotional state of the gambler
   "Hot" ou à " Cold" ?
4. Abstinence or Control as the treatment goal ?
5. Questions and discussion

1. Brief overview of the cognitive approach

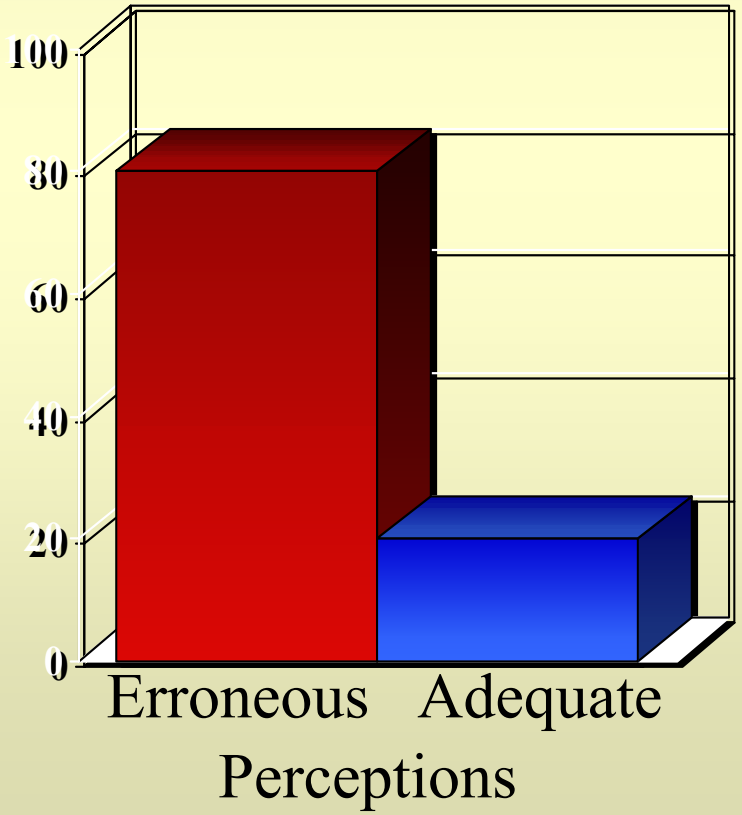
A robust conclusion is

While gambling,

most of us (if not all) misperceive or deny that the outcome of the game is based on the notion of Chance and Randomness.

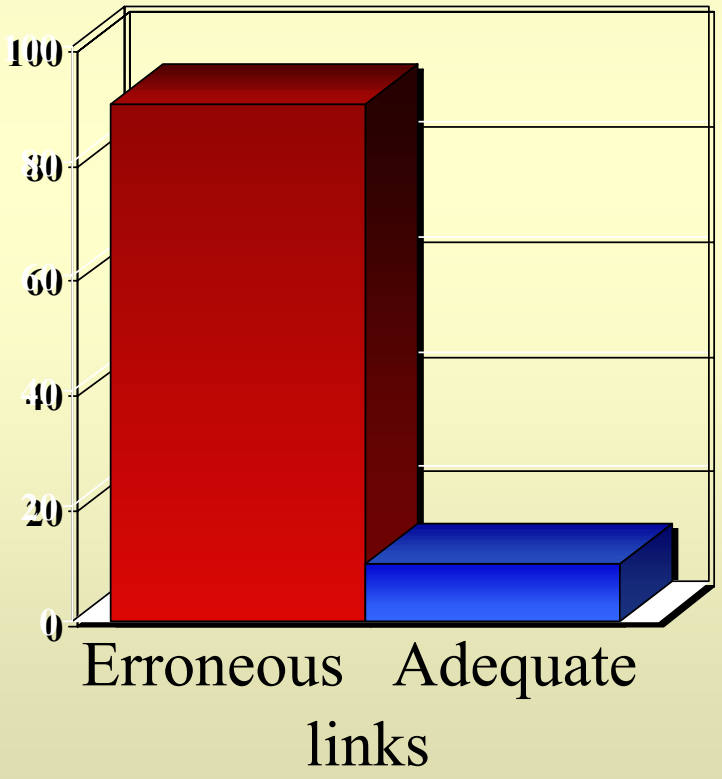
One crucial answer is...

We analyzed what people were saying to themselves while gambling.



How can people predict chance or random events?

And more importantly,



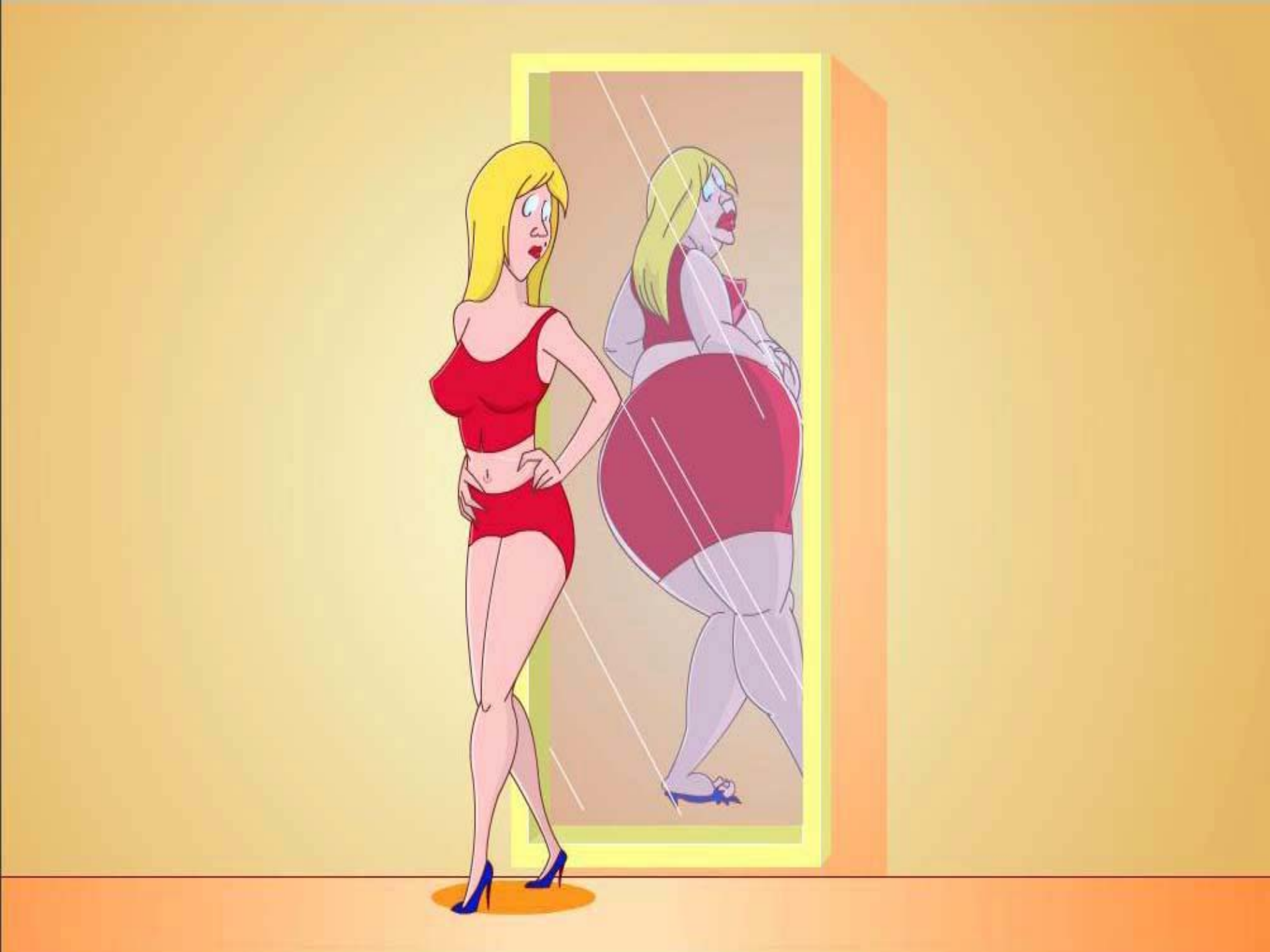
The main erroneous perception...

Making links between independent events (behaviours and emotions)

The way we perceive things…

We all know that the way we perceive things

is a major determinant in how we will conduct ourselves



A brief reminder of the treatment outcome studies

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Randomization of participants to an experimental group and to at least one control group.

11 randomized controlled trials of problem/ pathological gambling were identified. The purpose of the review was to

(1) critically appraise the treatment the gambling treatment research literature

(2) summarize the key findings about the treatment of problem gambling and

(3) suggest recommendations for future research.

A brief reminder of the treatment outcome studies

Toneatto, T., & Ladouceur, R. (2003). The Treatment of Pathological Gambling: A Critical Review of the Literature. *Psychology of Addictive Behaviors, 17,* 284-292.

Our conclusions

No interventions yet could meet the criteria for Empirically Supported Treatment.

But we are in the right direction.

Studies which have the best support are in the realm of Cognitive and/or behavioral perspective.

It is not possible to ascertain the relative benefits of cognitive therapy vs. other treatments.

Our conclusions

Several design weaknesses characterize these studies. These include the following:

1. Sample sizes are often too small to avoid Type II errors.

2. Avoidance of direct behavioral measures of gambling in favor of typically non-validated ratings and scales was very common.

3. Heterogeneous samples of gamblers are used in many studies, or the type of problem gamblers being treated was not described.

4. Absence of baseline data to evaluate the outcomes rendered many studies unable to answer the most basic question: did the treatment administered modify gambling behavior?

Our conclusions

5. Lack of standardized or manualized treatments, or at least evidence that the treatments were administered reliably.

6. Inconsistency in the definition of abstinence was common.

7. The interpretation of relapse is unclear. Should any slips or return to gambling during treatment or follow-up phases be interpreted as a negative outcome.

8. Little attention was paid to the mediation or process of behavior change.

2. Degree of conviction in our erroneous perceptions

New data on the erroneous perceptions

What is the difference between a problem and a non problem gambler in terms of erroneous perceptions ?

Method

Participants

- Adults meeting the DSM-IV diagnostic criteria for pathological gambling participated in this study Age: 40.6 years

- Adults not meeting the DSM-IV diagnostic criteria for pathological gambling

- Age; 38.1 years

Method…

Participants:

a) Pathological gamblers

DSM-IV > 5 (M = 7.7)

b) Non pathological gamblers

DSM-IV < 5 (M = 0.6)

DSM-IV in a clinical interview

Procedure

1. Training in thinking aloud

2. Sequence of the game was preprogrammed and identical for all Ss

3. Rate of return was 92 %

Method

1. All perceptions were tape-recorded.

2. An independent judge rated the verbalizations according to 3 categories

   Adequate: “It is all programmed”

   Erroneous: “The machine is due”

   Neutral: “I have a date tonight”

Results

1. % Erroneous perceptions

   PG: 80.6

   NPG: 68.7 % $p < .07$ (n.s.)

2. Density erroneous perceptions

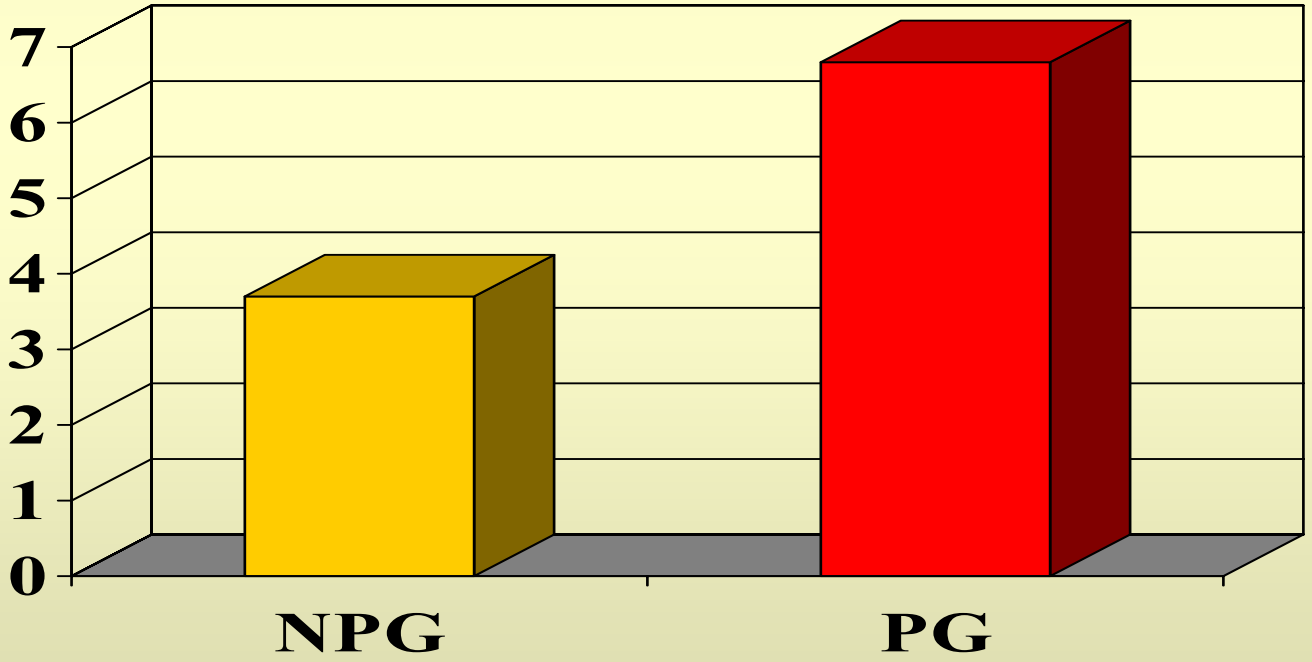
   PG > NPG $p < .04$

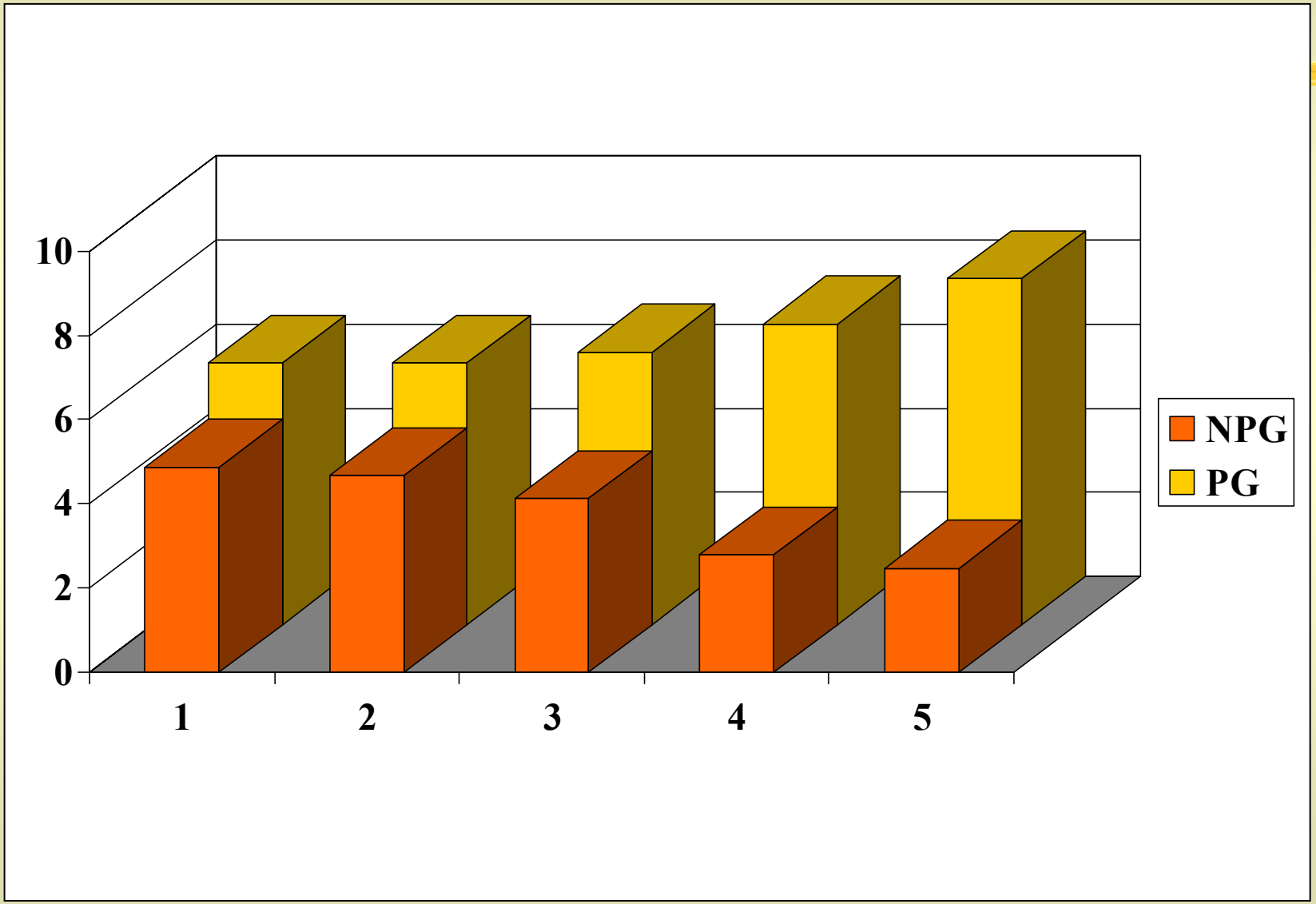
3. Conviction

   PG > NPG $p < .0001$

Results

Degree of conviction




10
8
6
4
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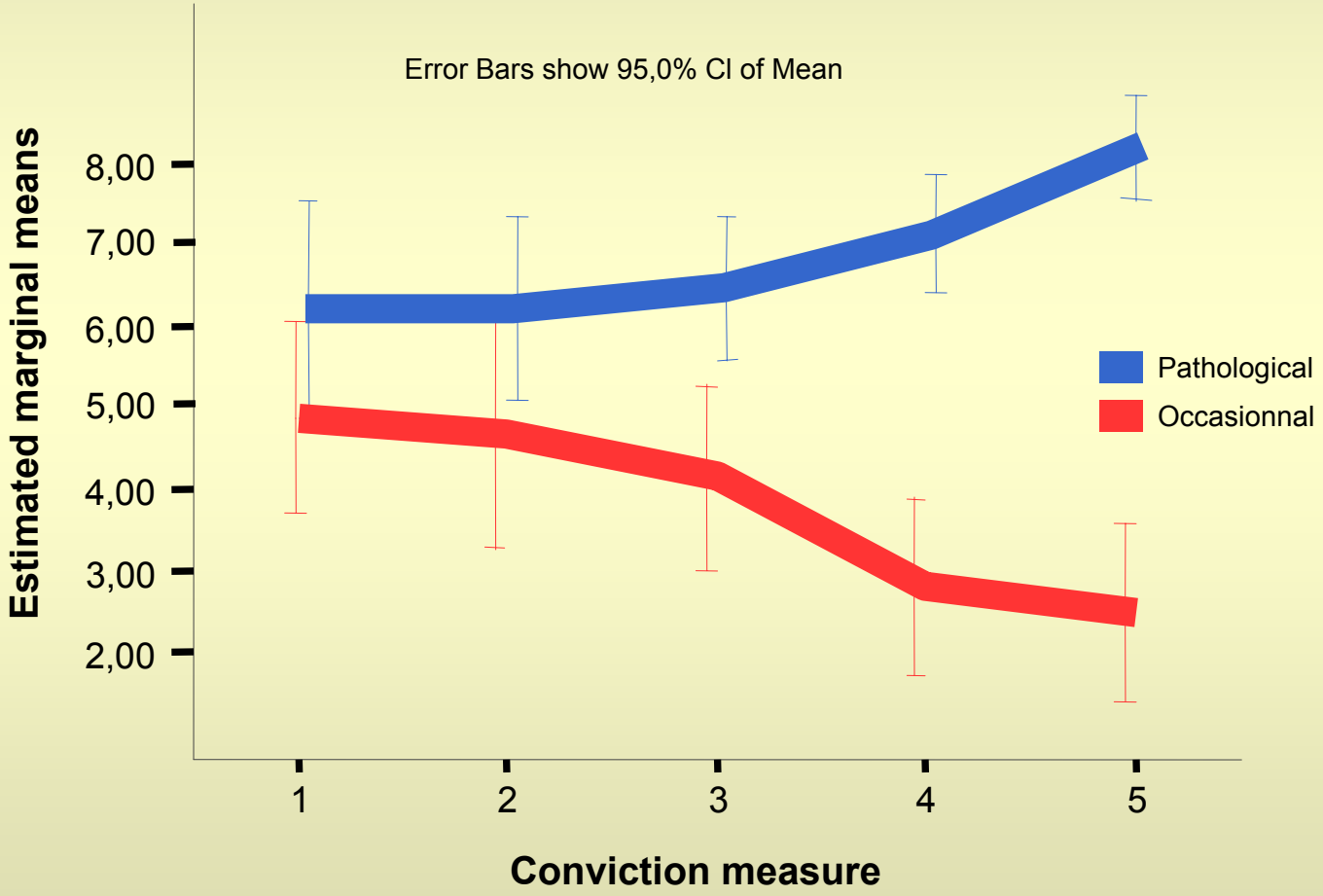
NPG
PG

Group vs Conviction



3. Identifying the emotional state of the gambler “Hot” ou à “ Cold” ?

Hot or Cold

Hot: The gambler feels the urge to gamble, is planning his gambling session or is actually gambling…or has just terminated a gambling session

Cold: The gambler discusses or rationalizes about his problem in the clinician's office (…often saying that he " knows" all the cognitive pitfalls but that it is not helpful)

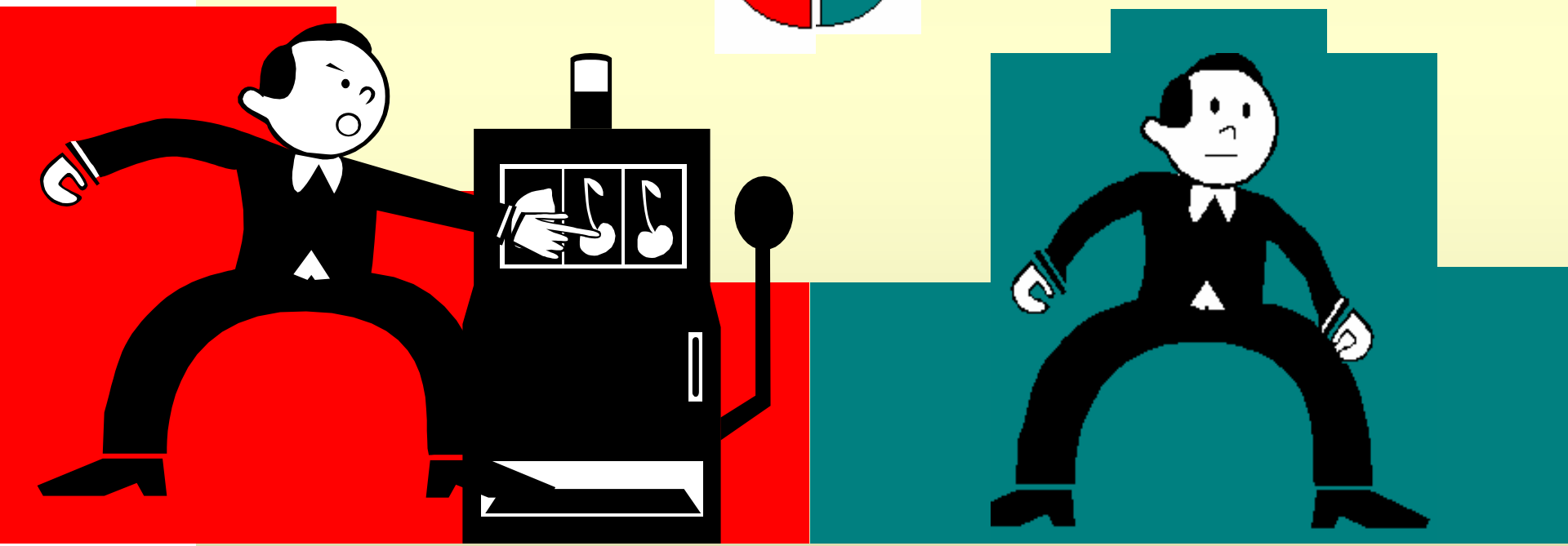
The real challenge for clinicians:

Bringing the gambler to recognize and modify his internal thoughts while he is HOT and emotional

While emotional the gambler is invaded by a “winning conviction”

« HOT »

« COLD »



4. Abstinence or Control as the treatment goal ?

Controlled Gambling

Primary goal : To evaluate the viability of control in the treatment of pathological gamblers using a cognitive-behavior therapy.

Exploratory basis: To examine differences between the characteristics of participants who maintain a goal of control and those who switch to abstinence.

Controlled Gambling

Rationale for Control as a Treatment Goal for Pathological Gamblers

- Small number of pathological gamblers who seek treatment.
- High dropout rates observed in therapies.
- According to our clinical experience, we believe that using abstinence as the unique proposed treatment goal may not be the unique solution for all pathological gamblers.
- Offering a goal of controlled gambling may bring ambivalent pathological/problem gamblers into treatment

Controlled Gambling

Inclusion criteria

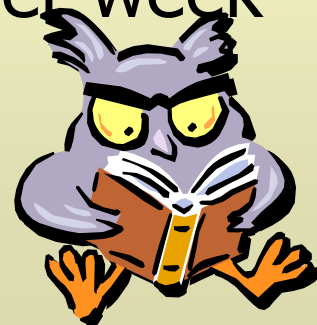
- (a) Gambler's preference for control instead of abstinence;
- (b) Having a primary diagnosis of pathological gambling;
- (c) Showing no evidence of immediate suicidal intent;
- (d) Showing no evidence of present and past psychosis;
- (e) Not taking anti depressant medication:
- (f) Not involved in a therapy or group support.

Controlled Gambling

Design: Open trial (N = 100 Participants)

Defining Controlled Gambling

- Clinician and participants will establish a personalized treatment goal that is acceptable for **PG** in terms of
  - (a) amount of money bet per session;
  - (b) amount of money bet per week;
  - (c) number of gambling sessions per week;
  - (d) time (min/hours) spent on gambling per week



Controlled Gambling-Tx

Cognitive and behavioral Tx (13 weeks)

- Motivation-confirmation of the personalized goal,
- Analysis of a gambling session,
- Information about the notion of chance,
- Erroneous beliefs awareness training,
- Cognitive correction of erroneous beliefs,
- *In vivo* exposure under the therapist's supervision
- Behavioral interventions
- Relapse prevention.

Conclusions

1. Cognitive therapy has some empirical support
2. The mechanisms need to be further identified. What is the target ?
3. Need to clarify the distinction between Cognitive and Behavioral interventions.

New Directions in the Treatment of Pathological Gamblers

Thanks for your attention

Questions and Discussion

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