Cognitive-Motivational Behavior Therapy: Retaining Gamblers in Treatment

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When gambling becomes a problem

Continuum of gambling

None   Occasional   Frequent   Problem   Pathological

NRC Classification (1999):

Level 0: Never gambled

Level 1: Social or recreational gambling

Level 2: At-risk or problem gambling

Level 3: Pathological gambling (PG)

Pathological gambling (PG)

A psychological disorder characterized by

- a persistent and recurring failure to resist gambling behavior that is harmful to the individual and/or others

- high levels of psychiatric comorbidity

- significant similarities with addictive disorders

Prevalence Rates

Current best estimates:
(point prevalence)

Problem gamblers:	**3-5%**
Pathological gamblers:	**1.5%**

→ **PG is a significant public health problem**
→ **Treatment development is essential**

Treatment of PG

Non-completers &
Drop-outs

Echeburua et al. (1996)

64 slot machine gamblers (BT, CT, or CBT)   **45%**

McConaghy et al. (1991)

120 mixed gamblers (BT, Relax., Aversion)   **47%**

Treatment of PG

**Non-completers &
Drop-outs**

Sylvain et al. (1997)

29 video poker players (CBT*[)] vs. WL)   **36%** *[)]

Petry et al. (2006)

231 PGs (GA, GA+CBT, GA+Workbook)

(Of 8 CBT sessions attended: 7%=0; 32% ≤ 5)   **39%**

(Chapters completed: 30%=0, 34% ≤ 5)   **64%**

Treatment of PG

- **Most studies have shown <u>good treatment effects</u> for gamblers who are <u>retained</u>**

- **But all studies have also shown significant dropout rates.**

  → **This seems to indicate that researchers may pay insufficient attention to <u>motivational factors</u>**

Caveats when implementing CBT

Tacit assumption of CBT:
Treatment-seeking clients are ready to change

- **Addictions are functional (adaptive value)**
- **Ambivalence is a core feature of addiction**
  - **Lack of commitment**
  - **Dropout**
  - **Relapse**

Key to change:

Tipping the motivational balance

→ **Development of CMBT**

(Cognitive-Motivational Behavior Therapy)

Cognitive-Motivational BehaviorTherapy

CMBT integrates:

- **motivational enhancement techniques**
- **psycho-education**
- **cognitive & behavior therapy strategies**

Goal:

- **First engage patients in treatment**
- **Then provide insight and skills to foster behavior change**

Treatment Development of CMBT: Phase 1

3 Sessions of Motivationally Enhanced Therapy (modeled after Project Match)

- **Personalized feedback from Intake Assessment**
- **Use of MI principles (EE, DD, SS, RR)**
- **Decisional Balance Exercises**
- **Values clarification**
- **Goal setting**

CMBT: Phase 2

12-15 Sessions of:

CT (modeled after Ladouceur)

- **Identifying and correcting distorted beliefs about gambling and chance events**

Psychoeducation

- **Facts about gambling; odds**

Behavioral strategies

- **Problem solving & skills training**
- **Evaluation of lifestyle and choices**

CMBT: Phase 3

**2 Sessions of Relapse Prevention
(modeled after Ladouceur / Marlatt)**

- **Stop, look, and listen**
- **Emergency Procedures**

**Conjoint session with SIGO
(where indicated)**

Treatment Pilot Study
(Wulfert, Blanchard, Freidenberg, Martell, 2005)
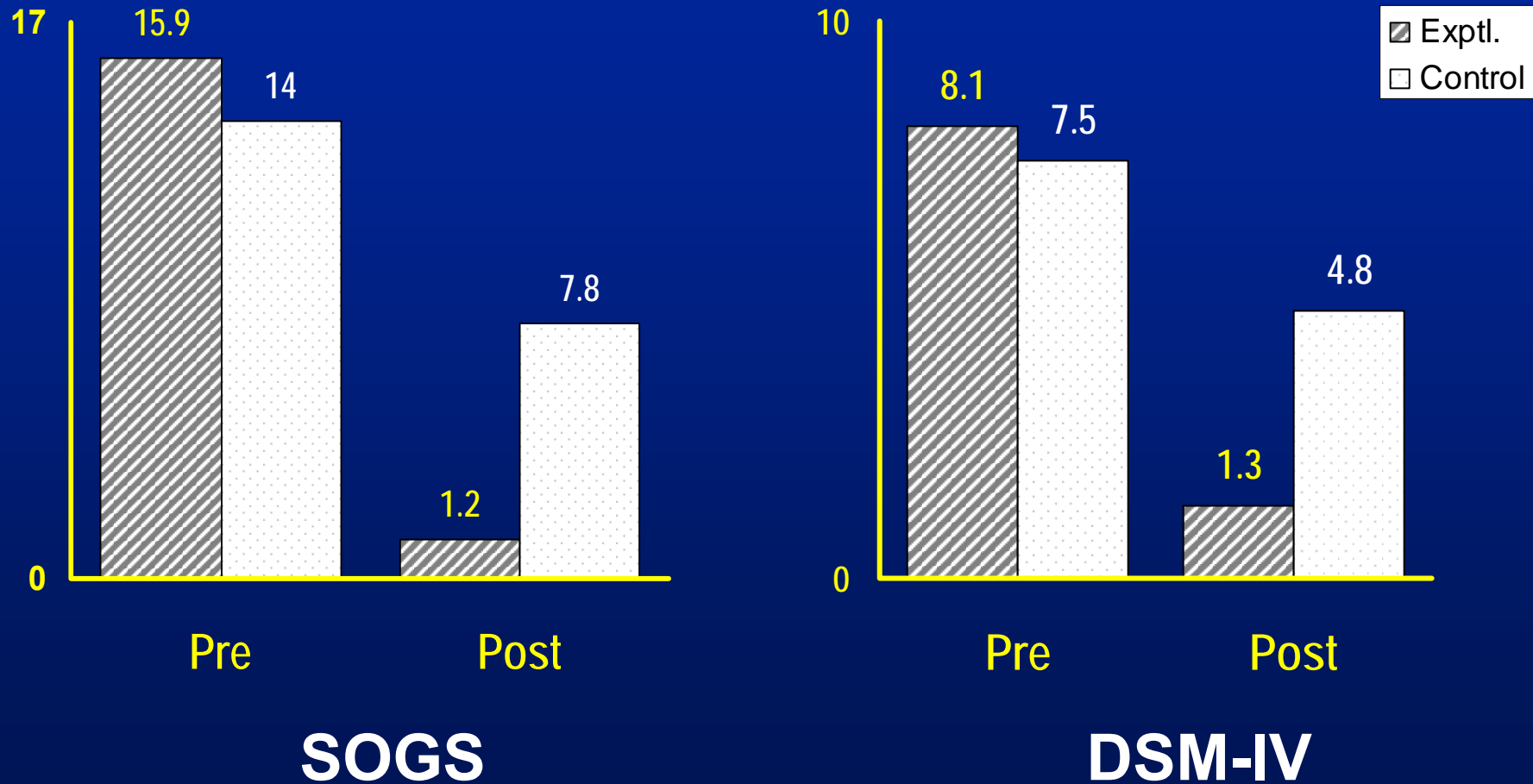
22 treatment-seeking male PGs

- Assigned to CMBT (9) or TAU (12)
- Mean age 43 (29-59)
- Avg. length of gambling 15 yrs (3-30)
- Mean DSM criteria 8 (7-10)
- Mean SOGS score 16 (9-20)

Main Outcomes

- **Validity Check of Motivational Intervention**
  - **Assessed after Session 3**
  - **Significant increase in clients' motivation and readiness to change**

- **Main Outcomes**
  - **DSM-IV Characteristics**
  - **SOGS Scores**

Pre/Post Treatment Gambling Severity

SOGS — Exptl. / Control

Pre: 15.9 (Exptl.), 14 (Control)
Post: 1.2 (Exptl.), 7.8 (Control)

y-axis: 0 to 17

DSM-IV — Exptl. / Control

Pre: 8.1 (Exptl.), 7.5 (Control)
Post: 1.3 (Exptl.), 4.8 (Control)

y-axis: 0 to 10

[$F(1,15)$ 17.61, p=.001]   RM Anova TimeXCond   [$F(1,15)$ 14.1, p = .002]

Treatment Retention

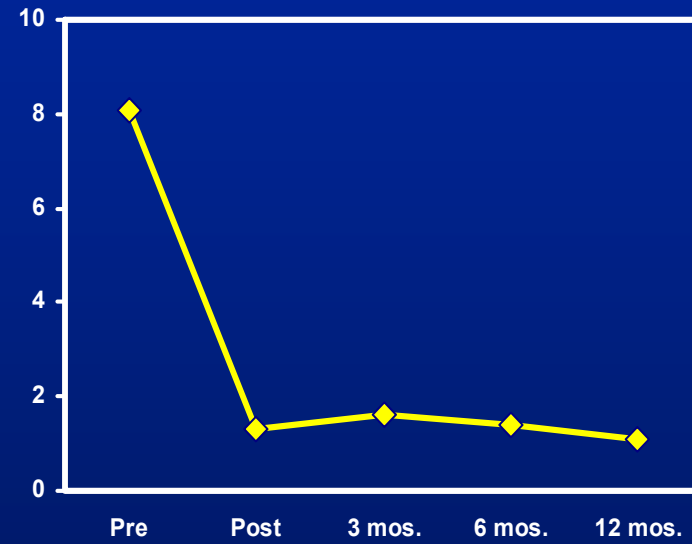|	CMBT	TAU
Retained in Tx:	9/9 (100%)	8/12 (67%) *

* $X^2 = 8.05$, p = .005

Patients in CMBT:

- Completed treatment and 12-month follow-up
- Maintained treatment gains in follow-up
- Showed decreases in depression and state anxiety
- Showed heart rate decreases to gambling stimuli
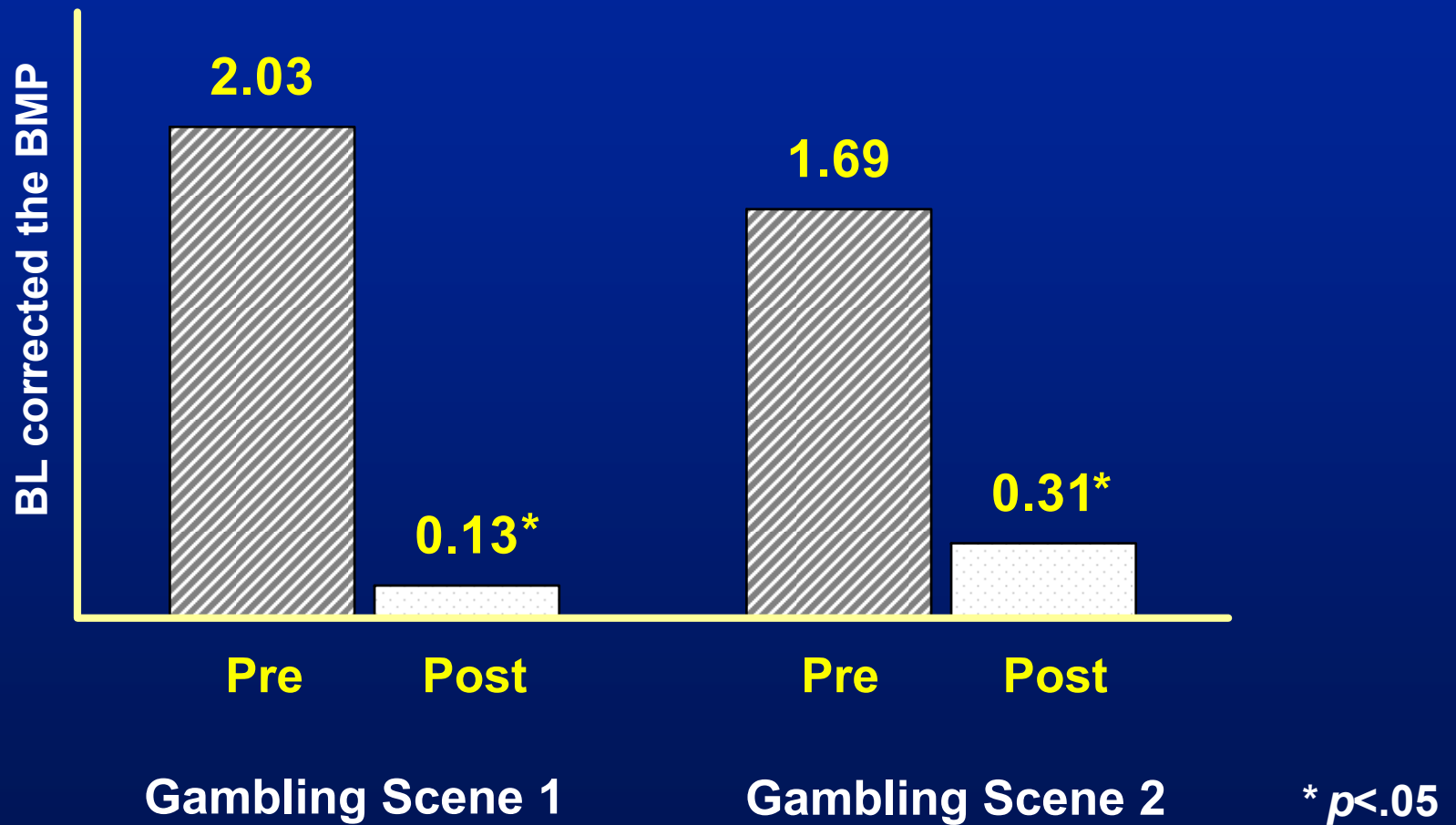
DSM-IV and SOGS Scores: CMBT
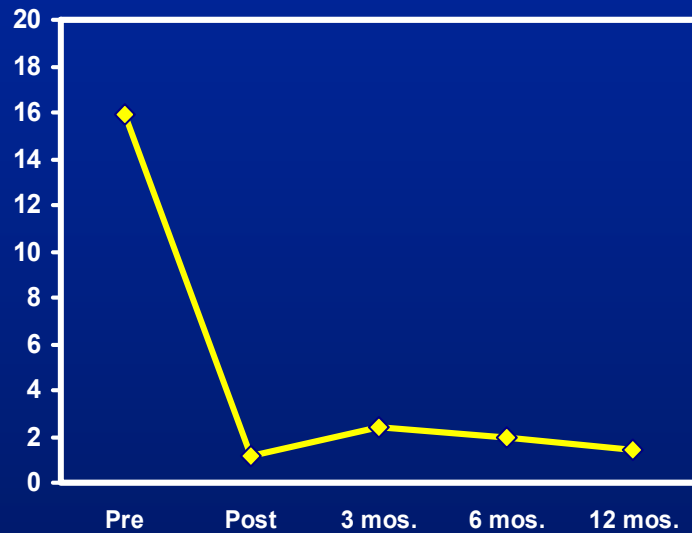
SOGS Scores

DSM-IV Criteria

* RMA: Time: F(4,5) 29.96, p =.001

HR (BPM) Pre - Post Treatment

BL corrected the BMP

2.03

1.69

0.13*

0.31*

Pre   Post   Pre   Post

Gambling Scene 1   **Gambling Scene 2**   * *p*<.05

(Freidenberg, Blanchard, Wulfert, Malta, 2002)

Limitations

- **Small sample size**

- **Non-randomized control group**

- **No follow-up data on control group**

- **No process measures**

➔ **Controlled follow-up study is needed**

NIMH-funded
Treatment Development Study

RCT with 46 treatment-seeking PGs Randomly assigned to

- **CMBT   (n=23; 16 men, 7 women)**
- **GA   (n=23; 16 men, 7 women)**

Demographic Information

- **Age:** mean 44 years (range 24 - 70)

- **Ethnicity:**
    - 85% Caucasian

- **Education:**
    - 76% at least high school or some college

- **Marital status:**
    - 57% married; 24% single; 19% sep/div./wid.

- **Employment:**
    - 76% fulltime; 9% unemployed

- **Household income:**
    - Median: $35 - 50K (Range: <$10K to >$100K)

- **Gambling debt:**
    - Median: $10K (Range: $500 - $65K)

CMBT: 12 Session Manualized Tx

- **3 Sessions of Motivational Enhancement**
- **8 Sessions of CBT**
- **1 Session of Relapse Prevention**

A motivational interviewing style is employed throughout treatment

3 master's level therapists (CSWs)

Gamblers Anonymous Control Group

- **Clients referred to GA were instructed to attend weekly GA meetings**

- **Patient advocate**

Main Outcomes & Assessments

Main Outcome variables

- DSM criteria, SOGS, Money lost gambling, Days gambled

Secondary Outcome variables

- Readiness to change; cognitive distortions

Assessments

- Pre / Post / 3-month / 6-month follow-up
- CMBT process variables: also at 4 and 8 weeks

Attrition

CMBT:

- 1/23   (4.3%) dropped out after Session 2
- 22/23 (95.7%) attended all 12 sessions
- 1/23   (4.3%) was lost to 6-month follow-up

GA:

- 10/23 (43.5%) never attended any meetings
- 14/23 (60.9%) attended <3 meetings
- 8/23   (34.8%) were lost to follow-up assessmts.
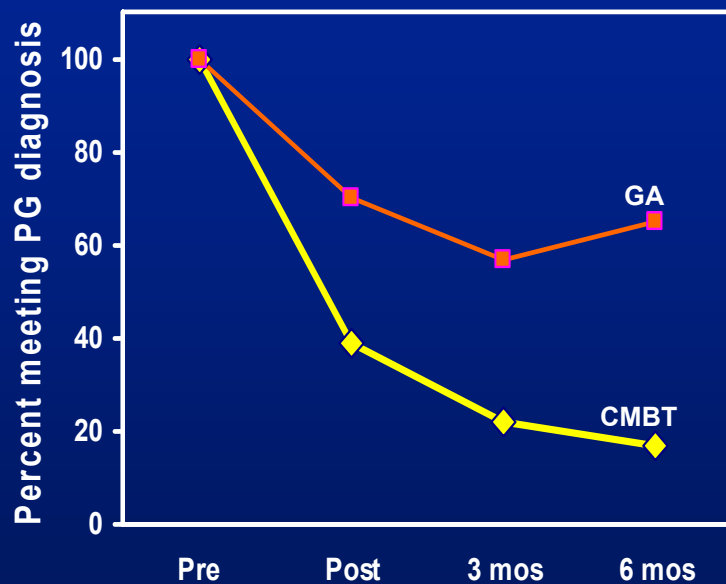
Fisher's exact test (dropouts): p<.001
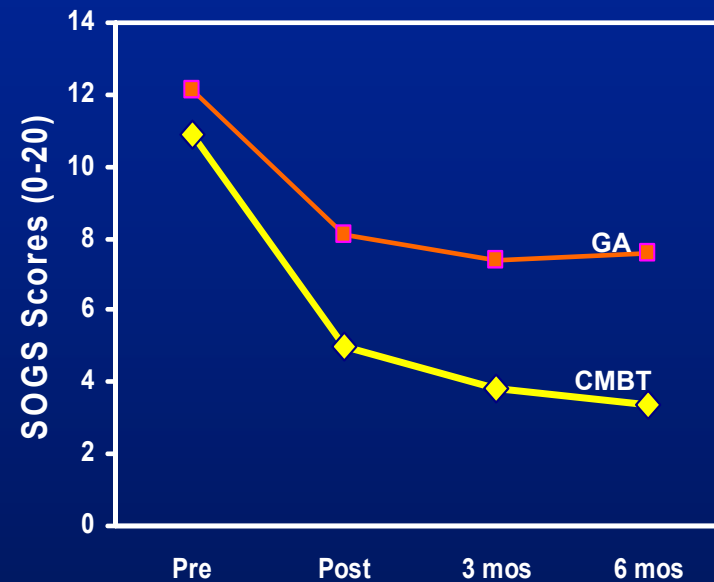
Preliminary Outcomes

- **GA was similarly effective to CMBT for gamblers who attended GA meetings regularly**

  - **Problem: High rate of noncompliance and dropout and from GA**

- **Intent-to-treat analyses**

  - **Last assessment point carried forward**
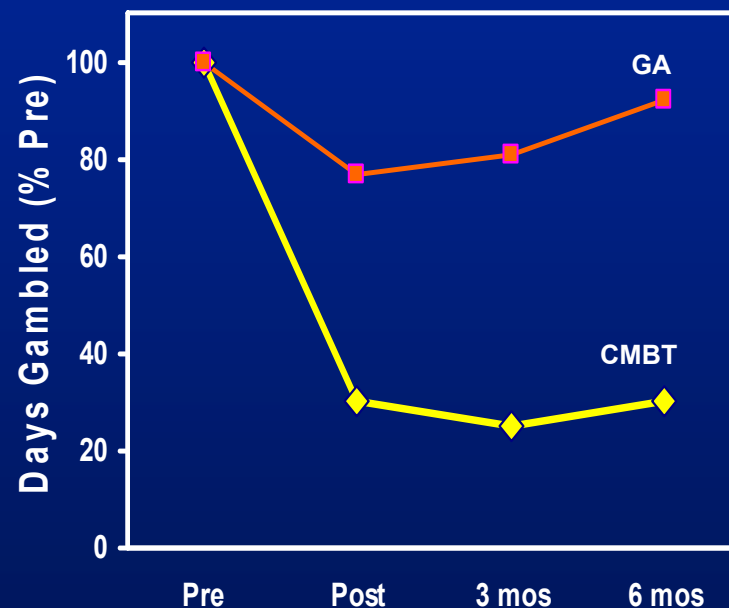
Dollar Amount and Number of Days Gambled (percent from baseline)

Money lost gambling
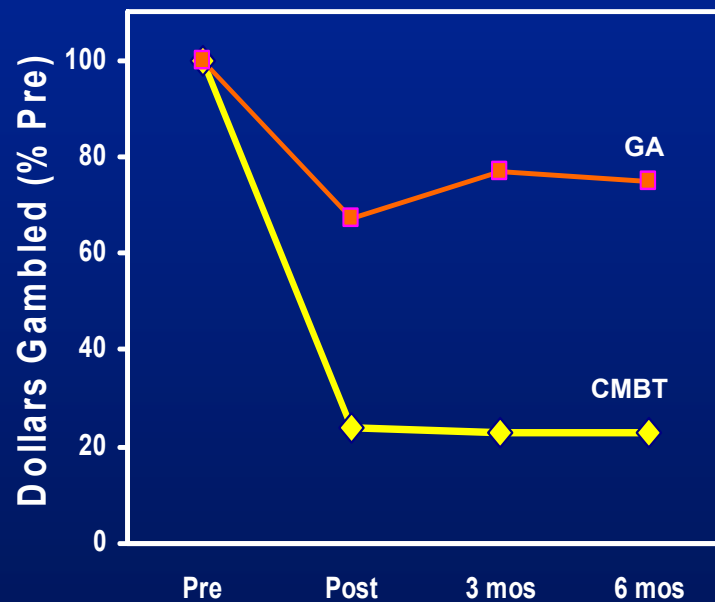
Days gambled

Group Diff's: *p* <.01

CMBT Process Measures

- ## Readiness to Change (URICA)
  - ### Session 4 Scores correlated with treatment outcome

- ## Irrational Cognitions (GBQ)
  - ### Session 8 Scores correlated with treatment outcome

Conclusions

MBCT

- **Retains patients in treatment**
- **Increases motivation to change**
- **Decreases irrational beliefs re. gambling**
- **Decreases gambling behavior**
- **Possibly decreases urges and arousal**

Limitations & Future Directions

- **Promising, but empirical support is modest at this time**
  - 1 pilot study + 1 RCT = 32 CMBT patients

- **Positive effects are limited to 1 single setting**
  - Test of transportability is necessary

- **High dropout rate from GA**
  - Test against a more stringent control group is necessary

- **Plan:**
  - Conduct a large2-site RCT with stringent controls

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