Cognitive Behavioural Tools for Problem Gambling Treatment

ABACUS Counselling Training & Supervision Ltd

The session

We will cover

- Overview of CBT

- Effectiveness of CBT in Problem Gambling (PG) treatment

- Components of CBT

- Tools of CBT useful for PG treatment

- Practice

Yes or no?

Cognitive Behavioural Therapy (CBT) has really only been around about 10-15 years

No – probably started in its modern form in 1950's with Albert Ellis (Rational Emotive Behaviour Therapy) and 1960's with Aaron Beck (Cognitive Therapy)

CBT is largely a set of techniques

No – it involves biological, psychological and social factors

CBT says that most beliefs we have are not conscious, are habitual or automatic and based upon personal 'rules' that sometimes are not realistic

True

CBT is educative and collaborative and often has homework

Yes

Yes or no?

CBT says that what we <u>think</u> determines how we feel

True

CBT says irrational beliefs can distort reality, result in illogical evaluations (of self, others and the world), and may cause widespread harm (stop achieving goals, distressing emotional surges, harmful behaviours)
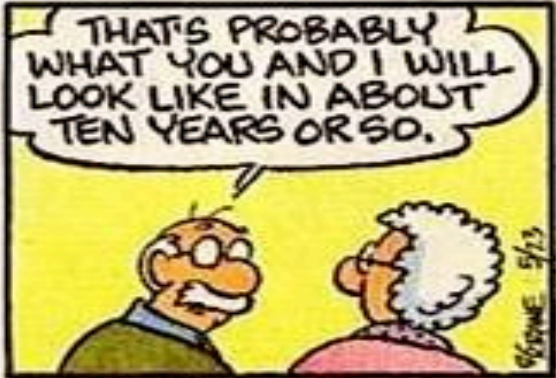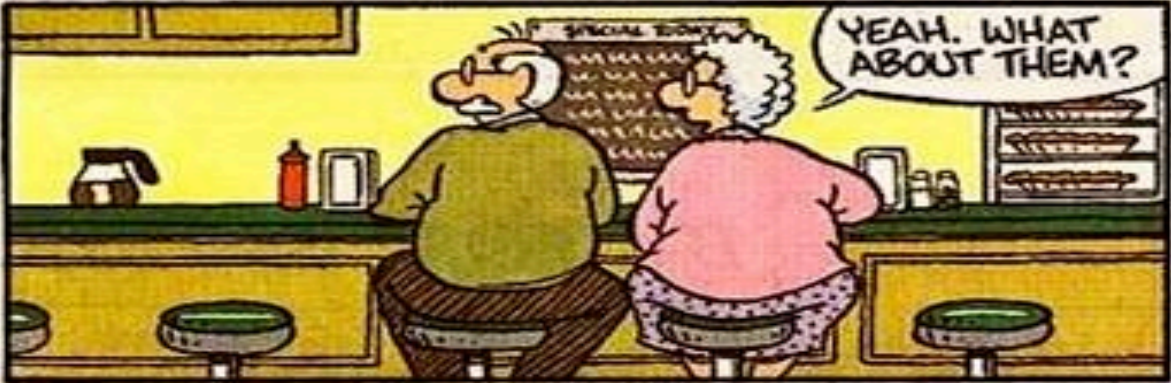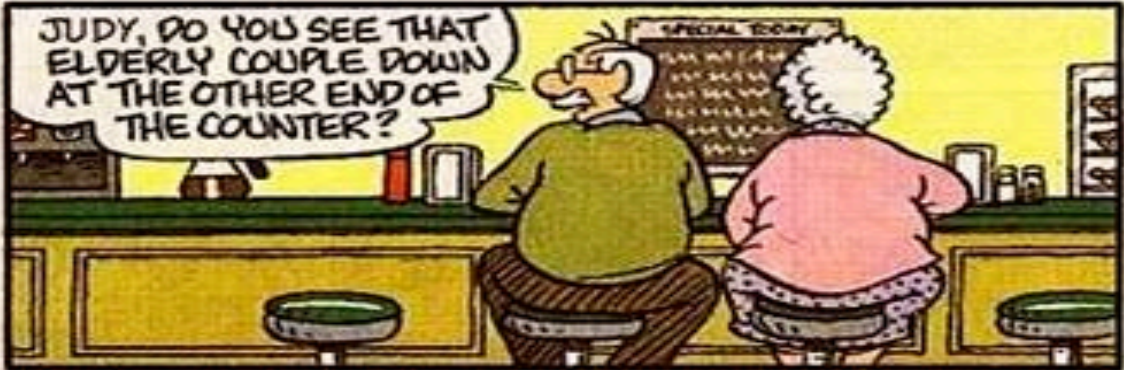
Yes

CBT focuses upon positive thinking

No – not all negative emotions are wrong, and not all positive emotions are functional – CBT focuses upon <u>realistic</u> thoughts, emotions and behaviours

CBT is based upon logic and experiment to change irrational belief systems, rather than just changing the symptoms

True

CBT is successful

Ladouceur et al 2003

Gp therapy focussed upon randomness, erroneous cognitions: verbalisations recorded while playing n=46 & 25 were wait-listed; 10 x 2-hr sessions outcomes @ 2yr, 65% treatment gp sub-clinical vs 20% wait gp (NB only 22 of 46 followed up at 2 yrs so could be 33% improved)

Hodgins 2001

CBT workbook vs workbook + telephone MI vs waiting list. At 1 mth & 2 yrs workbook + telephone significant advantage

Walker et al (2003)

Gambling Treatment Clinic (Sydney) 2 studies 6 sessions CBT vs 6 supportive therapy 6mth/1yr/2yr follow-ups - 56% sub-clinical

CBT programme example

Blaszczynski & Delfabbro

Flinders Programme

1. Map & question thoughts over randomness
2. Find and use realistic thinking on randomness
3. Desensitisation to cues to gamble (see next slide)
4. Social skills training eg problem solving skills
5. Alternative coping strategies when negative emotions – self reward
6. Relapse prevention

CBT programme example

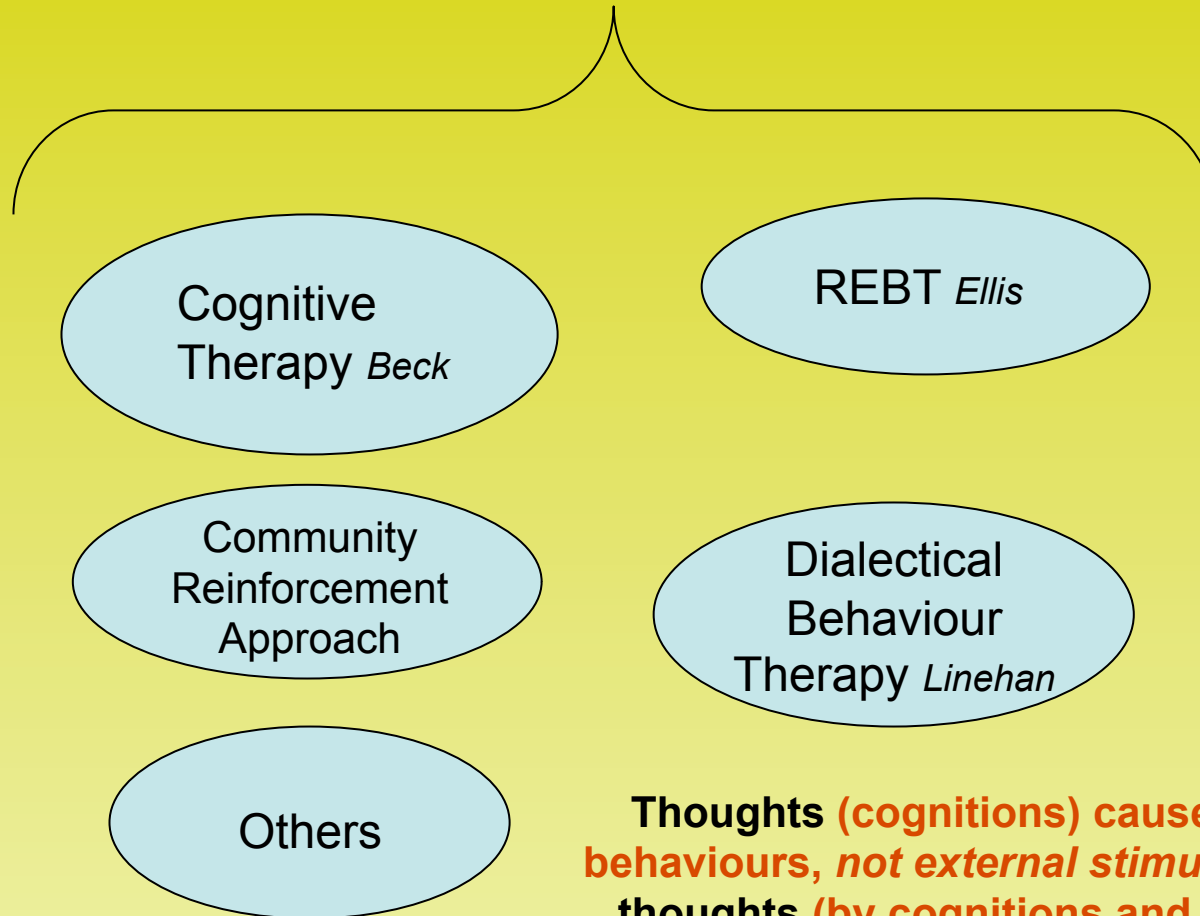## Blaszczynski & Delfabbro cont'd

Goals –1) sit alone $50 2x a wk and leave not gambling 2) save $40 a wk off bills or for family holiday

CBT: Desensitisation: graded exposure – habituation to gambling cues in vivo (live)

- Outside club without $

- Inside club without $

- Sitting at pokies without $

- Sitting at pokies with $5 credits

- Sitting at pokies with $50 2 hrs, 2x a week

CBT umbrella

Cognitive Therapy *Beck*

REBT *Ellis*

Community Reinforcement Approach

Dialectical Behaviour Therapy *Linehan*

Others

Thoughts (cognitions) cause feelings & behaviours, *not external stimuli* – modifying thoughts (by cognitions and behavioural techniques) can improve emotional (feelings) and behaviour problems
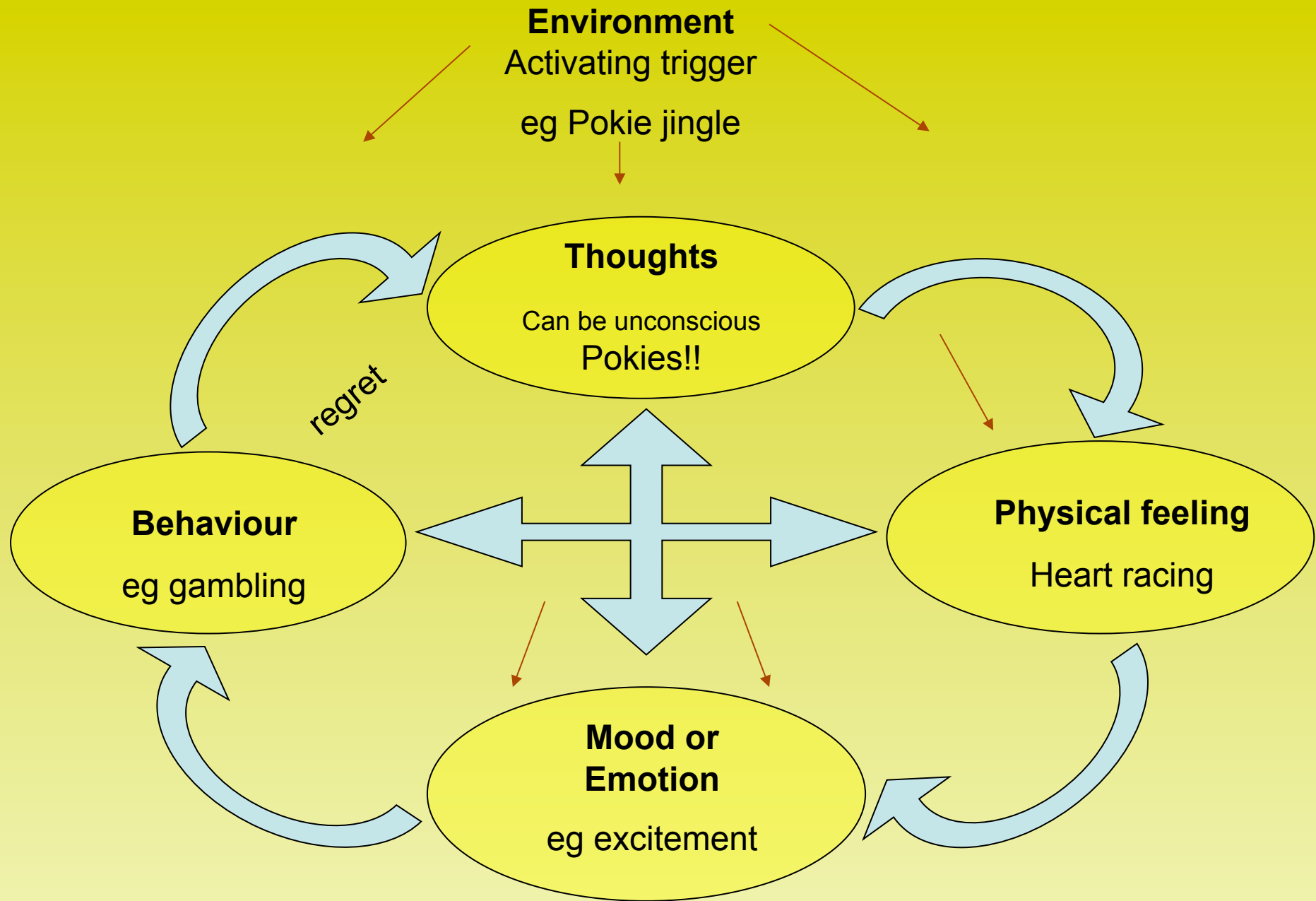
'CBT'

Cognitive Therapy

Behaviour caused and controlled by cognitions (thoughts) – a change in cognitions (what we think, or what happens when we think) will result in behaviour change

Cognitive Behavioural Therapy

Cognitions (thoughts) <u>and</u> behaviour are connected and for psychological problems to be solved, therapy must address <u>both</u> cognition and behaviour – 2 different theories

a) Cognitive theory – behaviour controlled by thoughts (plans, strategies, problem-solving, judgement, risk assessment)

b) Behaviour theory – behaviour is acquired , maintained and changed by conditioning and reinforcement

Environment
Activating trigger

eg Pokie jingle

Thoughts

Can be unconscious
Pokies!!

regret

Behaviour

eg gambling

Physical feeling

Heart racing

Mood or Emotion

eg excitement

Cognitive Behaviour Therapy

- CBT examines the thoughts and beliefs connected to our moods, behaviours, physical experiences and to the events in our lives

- A central aspect is that our *perception* of an event or experience powerfully influences our emotional, behavioural and physiological responses to it

- CBT teaches you to identify your thoughts, moods, behaviours and physical reactions in small situations

- CBT helps with cognitive, behavioural and physical-sensory responses to internal and external events

Cognitive Behaviour Therapy

- "You then learn to test the meaning and usefulness of various thoughts and…

- Change the thinking patterns that keep you locked into dysfunctional moods, behaviours or relationship interactions...

- CBT enables you to learn how to make changes in your life when your thoughts alert you to potential problems"

Greenberger, D. & Padesky, C.A. (1995)

Exercise 1: Scenario

You have arrived at work after spending most of your weekend on a report that your boss has emphasised must be completed on its due date, today. She was out when you arrived so you placed it on her desk right in the middle where she can't miss it.

You are hoping that you've covered it to the standard expected and even hoping for a compliment. At midday you call by her office and see that your report is now to one side sticking out from under a pile of circulars. While you are asking whether she has had time to read it the phone rings and she answers it, dismissing you without responding to your question. Later, she passes by you, head down with a frown and doesn't respond to your polite further enquiry about the report as she passes. Passing by her office you note the report is even deeper under more correspondence, with an ash tray on top.

*In your group, write down 3 thoughts you are having, underlining the strongest thought, and what is the **main feeling** you have*

Feedback

Even though it was the same situation, groups may have had different thoughts and feelings.

–Why was that?

–What are the connections between previous experience, context of the situation, our thoughts about the situation, and our resulting feelings, behaviours and actions?

–How tempting was it to make assumptions?

Add: the following day you hear her teenage child was admitted to hospital yesterday morning after breaking his arm in a fight at school

–How does this change how you think about the boss and your report? Could we have considered the possibility of something affecting the boss other than ourselves?

CBT Therapy

CBT requires a sound therapeutic alliance.

- Warmth

- Empathy

- Caring

- Genuine regard

- Competence

- Feedback

Sound familiar?

CBT Therapy

CBT emphasises collaboration and active participation

- Teamwork

- Leading-partner to partner relationship

- Treatment goals

- Homework

- Agenda setting

CBT Therapy

CBT involves a consideration of 5 components to any problem.

1. Cognition (thoughts)
2. Mood (emotions)
3. Physiological reactions (e.g., physical sensations)
4. Behaviour
5. Environment

CBT Therapy

CBT therapist helps clients become aware of the relationships among the 5 areas

1. To recognise how certain negative, unhelpful, or unrealistic thoughts can generate distress

2. Seemingly uncontrollable emotions that appear out of proportion to the situation

3. Uncomfortable physical sensations

4. Maladaptive behaviour

5. To understand how social and physical aspects of the environment can contribute to distress

CBT Therapy

- Once clients understand these connections, more helpful coping strategies are developed

- 3 main categories of coping strategies:

  - Problem solving

  - Social skills and support
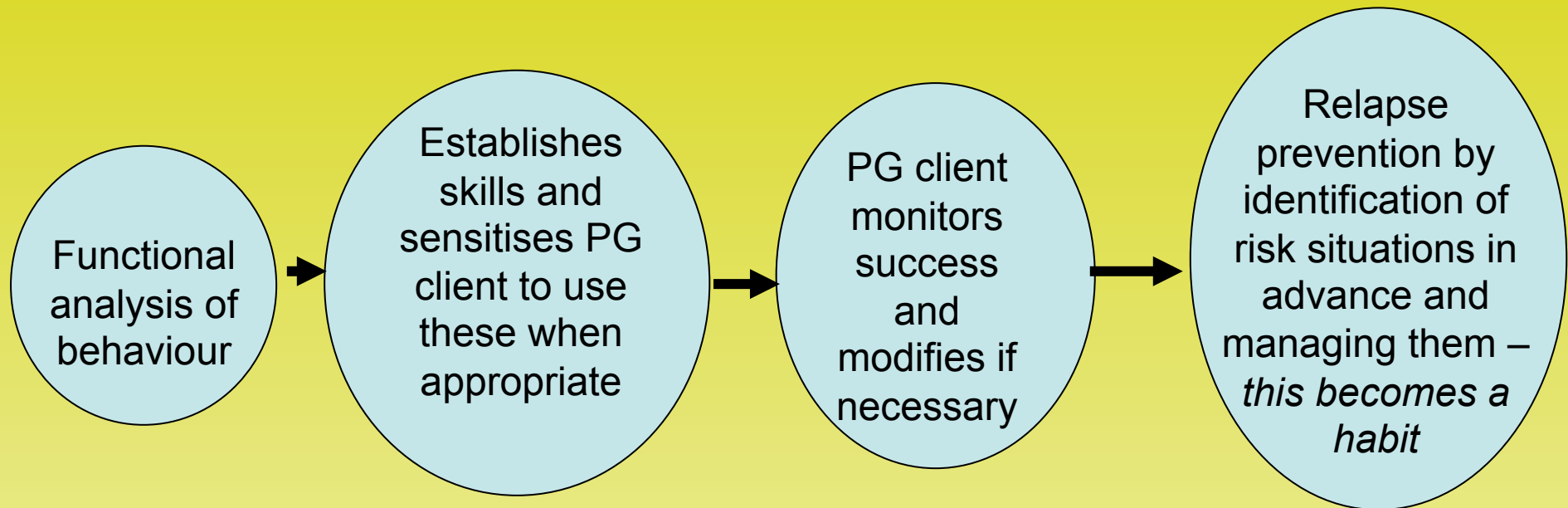
  - Cognitive restructuring

CBT Therapy Process

Step 1: develop connection with client with warmth, empathy, respect, provide hope

Step 2: assessment – personal history, other disorders

Step 3: identify goals, motivation, describe CBT and process

Step 4: apply CBT (identify beliefs, exercises, homework, additional skills)

Step 5: evaluate coping skills and ongoing application of coping skills

CBT Therapy Process

CBT teaches clients to identify, evaluate, and respond to dysfunctional thoughts & beliefs

- "What's going through your mind?"

- Examining the evidence for/against thought

- <u>Socratic</u> questioning

- Collaborative empiricism

- Guided discovery

CBT change process

Functional analysis of behaviour

→

Establishes skills and sensitises PG client to use these when appropriate

→

PG client monitors success and modifies if necessary

→

Relapse prevention by identification of risk situations in advance and managing them – *this becomes a habit*

Assist in understanding behaviours & emotions arise from **beliefs & thoughts**

By record keeping, homework explanation, and therapists help, **irrational beliefs identified**

Taught how to identify, **challenge & alter** irrational beliefs

Action as well as thoughts – **practice** especially during homework

Functional Analysis

What leads up to the gambling and the functional relationship of gambling to the consequences

Triggers What sets me up to gamble	My thoughts and feelings before		Gambling What did I do?	Positive things that then happened (after)	Negative things that then happened (after)
	What I was thinking	What I was feeling			
Going home from work on payday	All work & no play -can't stand this!	Bored	Pulled into gambling venue	No longer bored	Lost money I couldn't afford
Argument with husband	He doesn't appreciate me	Annoyed	Stormed out & drove down to pokies	Chatted with friends playing and staff	Felt guilty and lost too much

Exercise 2: Functional Analysis

- Think of some behaviour in your life you would like to change (pick something you are okay in sharing with another later on in this session)

- Using the functional analysis form, complete the form identifying what happens leading up to the behaviour, the thoughts and feelings at the time, the behaviour that followed (that you would like to change)

- Then describe briefly the positives then negatives that arose immediately after

- How difficult was this to do?

Setting Goals

Goals List (interventions are linked to client's goals)	What could get in the way- barriers	What I can do to remove barriers	Who could help and support me
Stop gambling	Going to pub & club alone	Don't go or go with someone who knows I want to stop playing pokies	Peter or Shirley
Limit cash	Having EFTPOS card	Cancel card –take someone with me	Shirley
Take up bowls again	No bowls, don't join bowls Club	Borrow bowls from Peter, go with Peter and join this week	Peter

Exercise 3: Setting Goals

- Using the example of the behaviour you want to change, complete a Setting Goals form for it on the handout provided

- How easy was it to identify barriers and ways to remove them? What about identifying support? How <u>important</u> was it to identify these?

- How difficult was this to do? How do you think a client would do with it?

Exercise 4: Setting Goals

- Form into pairs

- Using the example of the behaviour you want to change, and the Functional Analysis & Setting Goals forms you completed 'as homework', give feedback from these forms as a therapist to a client, taking turns in these roles

- How difficult was this to do? How useful was it?

Cognitive distortions

- **All or nothing thinking** (black & white thinking) "If I don't get it 100% right then I've failed"

- **Over-generalisation** "I never get things right - typical!" (signals: 'never' & 'always')

- **Mental filter** only seeing what is wrong, ignoring positives "Sure I won but when I slipped over at the end I really made a fool of myself"

- **Disqualifying the positive** "Yes, I did succeed, but it was a fluke" (positives 'don't count because…')

- **Mind reading** "He didn't even acknowledge me, so he must think I'm rubbish"

- **Fortune telling** – treating future as if already fact - 'I'll never be happy!

Cognitive distortions

- **Magnification or minimisation** Problems exaggerated, success diminished; 'Anyone could have done that – I'm nothing special'

- **Catastrophising** "Although it seems a small thing, I just know it's the beginning of the end"

- **Should statements** "I should have known this would happen" ('shoulds/shouldn'ts'- need to be punished – rules where there are none)

- **Maladaptive thoughts** "I can't get the picture of my stuffing up out of my mind" (may be accurate but unhelpful ruminating on it)

- **Personalising** – assuming without evidence 'If we fail in this, it'll definitely be because of me'

- **Emotional reasoning** – 'I'm feeling really tense; you must be about to criticise me'; something's gone wrong, I can just feel it

Gambling cognitive distortions 'prediction & control'

- **Illusions of control**
  - Beliefs that chances of winning greater than chance
  - In both part skill/chance and fully chance gambling
- **Superstitions**
  - Lucky charms
  - Lucky numbers
  - Lucky machines/horses
  - Rituals
- **Bias attributions**
  - Under-estimating chance/over-estimating skill
  - Near misses (thought of as 'near wins')
  - Gamblers fallacy – past controls future – wins 'due' – outcomes not independent (coin tosses) – wins/losses balance over time
- **Chasing or entrapment**
  - Losses only able to be recovered through continued gambling

Challenging cognitive distortions 'prediction & control'

Exercises and interventions

1. Client has a belief that roulette wins average out (quickly) and if several reds win in a row, next more likely to be black

   – Ask client to describe how many (minimum) reds before they would bet on a black. Ask if tossing a coin would be the same (eg after 4 heads, the next would be a tails). As homework, ask them to toss the coin and record the next toss after 4 heads or tails. How often was the next coin different? Did it change their belief?

2. Client says they're unable to handle their excitement (anticipation) and this drives them to gamble

   – Teach relaxation techniques. Homework: when boredom stress is high ask them to assign a level out of 10. Then ask them to relax and again estimate out of 10

Challenging cognitive distortions

3. Client says they should never have made a mistake that lead to recent gambling

   – Ask if they expect never to make mistakes in their life, and only learn from others' mistakes? Ask them if you would expect the same from their best friend? If no, why the double standard?

4. Client believes they have a lot of knowledge (ie skills to choose winners) around horses

   – Rather than point out the losses don't support their view (and risk injuring relationship) ask them to objectively list on one side the way skills can assist winning, and on the other, things that can nullify skills eg horse unwell, poor riding on the day, other horses improving unexpectedly, etc – aim to adjust reality from distorted over-emphasis of skills

Challenging cognitive distortions

5. Discuss with client how often 'systems' exist in gambling – beliefs that increase the chances of winning that may also include luck, skills and insight (eg favourite machine, lucky horse, numbers that imply imminent success, long periods of not winning meaning a win is due etc)

   – If the client can identify a 'system' of their own, ask them to list for homework a comprehensive list of what evidence exists to both support and not support the system – aim to de-mystify and an opportunity to objectively discuss the evidence

6. Client says they are inferior to others and this thought drives them to escape through gambling

   – Identify with the client positives about themselves and practice promptly visualising or saying these to themselves when they think these negative thoughts. Homework: practice and also reward themselves each day with a small token that they do this and don't gamble

Cognitive restructuring

Event	Automatic thoughts (**hot** thought-most intense negative emotion)	Mood 1-10	Evidence that supports the hot thought	Evidence that doesn't support it	Optional or other thoughts that might explain	Mood rating now 1-10

Exercise 5: Cognitive Restructuring

- Each complete this exercise separately (there won't be any disclosure or sharing)

- Think about some incident in your past that causes worry, and feel was never resolved satisfactorily

- Taking the Cognitive Restructuring sheet given to you write as accurately as you can 3 thoughts you have about the event and identify the hot or strongest thought

- Assign a score out of 10 when you think that the hot thought was correct (10 extremely negative, 1 no negative feeling at all)

- Complete the evidence for and against this hot thought, then brainstorm with yourself 2 other reasonable explanations (giving yourself a break)

- Re-check your mood score – how does it compare with the first

A gambling diary can:

- Determine patterns related to gambling

- Identify triggers related to gambling

- Identify situations/people to avoid and options

- Recognise feelings which lead to gambling

- Make associations between thoughts, moods and actions

- Create awareness of the multiple consequences of gambling

- Provide increased understanding to help client make changes they consider important

- Provide a record of progress in change

Gambling Diary

(mood monitor: 1 very low - 10 very high)

Day	Time	Place	Who with	What used	$ spent	How I felt before	How I felt after
Mon	9-5pm 5 -8pm	work Pub	staff Joe @ 1st	none pokies	0 50	Bored (4) Excited (8)	Tired (5) Angry (9)
Tues							
Wed	8–1am	Club	self	pokies	100	Lonely (7) Excited (9)	Angry (8) Guilty (9)
Thurs							

Relapse Prevention

- Some automatic thoughts are triggers for relapse - therapy can reduce risk

- CBT techniques for relapse prevention include tools for:

  - Identifying early warning signs

  - Identifying strategies to counteract

  - De-construct lapses - learning experience

  - Identifying high risk situations

High Risk Situations
My Strategies

Risky situation	Strategy Ideas	Supports, Support people
When alone and I'm not expected anywhere	1) *Try to plan to have meeting with wife* 2) *Not carry much money* 3) *Have alternative things to do when alone and plan ahead*	1) *Wife* 2) *Good friend around who knows I've given up playing the pokies* 3) *Someone I can ring who knows I want to stop and can help me to do something else*

Relapses
Debriefing and Identifying Alternatives

The situation	Prior thoughts, feelings and expectations	What I did e.g. drink and gamble	What else I could have done	Expected outcome if I used alternatives
Friday, after work – mates invite me to pub – I move from drinking to pokies	*Had a hard week* *Bored and feeling like a break* *Didn't want to sound like under wife's thumb* *I'll only go for one drink and not gamble at all*	*Probably 5 glasses beer then spent $100 gambling on pokies*	*Gone out with wife or others instead* *Said I had a family function* *Got realistic*	*Wouldn't feel bad* *Had a good time with wife or others* *Mates would have not insisted* *No loss*

Solving future gambling & other problems

- **Is there a problem?** Clues from our body, thoughts, feelings and behaviour (including reactions to others/ them to us)

- **What is the problem?** Describe and break down into parts

- **What can I do?** Brainstorm solutions – changing the situation and/or where you are

- **Select an approach** – the most likely one to succeed

- **Is it working?** Assess during process and modify or change if necessary

Summary

- When matched to the client's stage of change, there are a number of relevant strategies and tools that can be used to assist their progress, coming from both MI and CBT (can be used concurrently as opportunity presents)

- Our unique internal perspective and thinking

  – generates our self-image (often in spite of other influences and opinions),

  – also generates our mood and resulting patterns of behaviour

  – affects our own motivation to change them - but all can be positively influenced by good, well timed therapeutic skills in the areas of MI and CBT

Summary

- CBT is collaborative, person centred, systematic, and aims to empower people

- CBT is found to be effective in addressing problem gambling

- CBT effective in addressing problem gambling occurring with coexisting mental disorders

- CBT helps prevent relapse

- CBT often used with medication but often by itself

- Possibly the most evidence-based and used therapy