

Beyond Magical Thinking: Treatment Recommendations for Pathological Gambling.

Dr Ben Teoh & Fred Cicchini

South Pacific Private Hospital would like to take this opportunity to present a client centred, multidimensional treatment framework for pathological gambling. South Pacific Private positions this framework for treatment as a more robust alternative to current best practice clinical ‘harm minimisation’ which relies on a limited number of treatment modalities that are time limited, session limited and largely exclude co occurring vulnerability to pathological gambling.

It is our hope that any formal enquiry into the gambling industry gives reasonable consideration to current best practise ‘harm minimisation’ treatment options and their apparent limitation. Further, we believe that a judicious review of the gambling industry provides a unique opportunity for organisations like South Pacific Private to contribute to policy that may in turn influence resources, support and possibilities that will enhance treatment for those within our community who are most vulnerable to and powerless over gambling.

According to the DSM-IV-TR, a key feature of pathological gambling is the cognitive distortions adopted by many individuals who incorrectly believe that there is an interaction between themselves, superstition and probability. Often labelled ‘magical thinking’, these cognitive distortions typically involve rituals and superstitions designed by pathological gamblers to reduce anxiety and ‘influence’ random probability whilst ignoring the evidence available to an individual that would challenge their cognition.

We might argue that another form of ‘magical thinking’ is the current industry and clinical perspective on ‘harm minimisation’ and problem gambling treatment. The gambling industry asserts that participants acknowledge assumed ‘risk’ and strategies like consumer education, limits on advertising, curtailed visual and auditory stimuli, limits to betting amounts and other techniques to slow gambling are sufficient to mediate the effect of gambling. Further, it appears that society at large may experience some anxiety reduction from the promise that if harm minimisation does not work then successful time and session-limited clinical treatment that focuses on cognitive and behavioural intervention to ‘extinguish’ problem gambling will address any residual concern. The collective cognitive distortion resides in the assumption that the gambling alone is the individual’s sole pathological issue. Or more accurately that gambling behaviours, once mediated, managed or treated equate to ‘recovery’ for that individual.

It appears that the evidence that is available for consideration, but largely absent in current best practice ‘harm minimisation’ methodologies for gambling, is the recognition of factors outside of gambling behaviours which potentially increase a client’s vulnerability to onset and relapse. These factors can include co-morbidity with other addictive processes or substances, dual diagnosis with mood disorders, maladapted emotional regulation, relationship dysfunction, generational transfer, social dysfunction, poor self-care practices and childhood trauma. (Ladd & Petry 2003; Blaszczyński & Nower 2001; Ricketts & Macaskill 2004; Schull 2006; Petry 2007; Iancu, Lowengrub et al 2008)

Alternative Treatment Methodology and Self Support

South Pacific Private Hospital has been treating addictions and mood disorders since 1993, and in that time we have established the core element of a pragmatic approach to successful treatment that incorporates a diverse variety of evidence-based methodology supported by the 12 Step framework, which allows 'space' for clients in addiction to challenge their diverse dysfunction as it applies to their own experience.

The co-occurring elements of pathological gambling discussed above bring into stark relief the potential limitations of current 'harm minimisation' methodology. We understand that present 'best practice' is derived from evidence-based controlled clinical trials that demonstrated abstinence after extinguishing cues or controlling stimulus in a contained laboratory setting (Echeburua et al 2000 & Kushner et al 2007).

A limit to this form of research is the lack of recognition for triggers that are unusual and not directly gambling-related but are equally powerful stimulus for a problem gambler. As the discussion has detailed, these triggers could be as varied as co-occurring depression, an unpaid electricity bill, the persistent urge to drink, recall of childhood abuse or an argument with a spouse.

In response to this diversity of vulnerability, South Pacific Private has developed treatment for pathological gambling that is focused on discovering meaning and development of the self. This client-centred approach includes elements of traditional 'best practice' treatment such as pharmacological intervention and Cognitive Behavioural Therapy (CBT), supported by other evidence-based methodologies such as Family Systems Therapy, psychodynamic therapy and 'mindfulness' based therapies such as Dialectic Behavioural Therapy (DBT).

South Pacific Private delivers multidimensional treatment through a multidisciplinary team of psychiatrists, psychologists, general practitioners, nurses and qualified counsellors in a group-based therapeutic interaction across 4 - 6 weeks for inpatients, 2 - 4 weeks for full time day clients and across 8 - 32 weeks for clients attending therapy one evening per week.

Group-based therapeutic intervention has been proven to support recovery efforts in pathological gamblers and provides a peer-based reflecting environment ideal for challenging isolation and redeveloping social skills which literature has demonstrated, may atrophy when clients are in the grip of their addiction process (Iancu et al 2008)

Over time we have found that group therapy in the South Pacific Private treatment environment provides an ideal platform to explore family of origin issues in the context of the family system. It is widely recognised that the family system can create a habitat for 'generational vulnerability' that may contribute to pathological addictive behaviours. Treatment groups can often become a metaphor for familiar relationships and psychodynamic therapy is used to explore key vulnerabilities in addiction such as trauma, self-esteem, perceived reality and interdependence. South Pacific Private has found that it is only during the exploration of these key themes, that clients gain an

understanding of the consciously absent but cognitively implicit ‘landscape’ of addictive vulnerability that makes stopping addictive behaviours challenging and ‘staying stopped’ beyond challenging for some.

Once this environment of heightened insight is established, South Pacific Private incorporates a *well informed* approach to CBT specifically to reframe and restructure irrational and dysfunctional beliefs that hamper moderation, reduce barriers impulse control and restructure triggers addictive behaviour. Further, South Pacific Private use CBT based psycho education and behavioural self-evaluation to enhance problem solving skills and alternative responses to triggers for gambling.

A critical element of the South Pacific Private treatment methodology is active development of skills for self-support and relapse prevention, which include a focus on clients identifying and avoiding high-risk situations and the targeted use of mindfulness based psycho-education and skills training to support emotional regulation. Literature suggests that successful recovery for pathological gamblers is contingent on clients having the ability to apply recovery strategies to novel triggers like financial pressure, ill health and relationship pressures to name just a few (Iancu et al 2008, Ladoucuer & Boutin 2003, Petry 2006, McCusker 2001).

South Pacific Private augments this approach to treatment with the framework of 12 step self-support. Whilst there is an absence of empirical studies conducted on the recovery outcomes of 12 step programs such as Gamblers Anonymous, clinical enquiry into the recovery process suggests that self help and ‘working’ the 12 steps are useful strategies for practicing mindfulness, self reflection, shame reduction and harm minimisation for pathological gamblers (Iancu et al 2008).

In conclusion, we acknowledge that the limited scope of this paper and the absence of comprehensive field research into problem gambling make it difficult to explore all factors that influence harm minimisation and treatment. In keeping with the aim of this paper, the brief discussion highlights selected issues that are relevant to onset and relapse of pathological gambling but at present are inadequately supported in ‘harm minimisation’ and recovery strategies. South Pacific Private respectfully challenges the assumption that treating ‘gambling behaviours’ is sufficient effort for harm minimisation and recovery. It is our hope that by presenting an alternative treatment framework that addresses diverse vulnerability, we have added emphasis to the need for adaptive treatment that positions pathology gambling as symptom and the individual as the treatment priority.

*: *Dr Ben Teoh MBBS MPsych FRANZCP, FACHAM: Medical Superintendent & Director of Clinical Services South Pacific Private. Dr Ben Teoh is a Psychiatrist and Physician in Addiction Medicine and is acknowledged both in Australia and internationally as a leading expert in his field. He is sought after as an international speaker, particularly in the area of Mood Disorders and Dual Diagnosis of people with Addiction and Psychiatric Disorders. Dr Teoh has a Masters Degree in Psychotherapy with a thesis on the psychotherapy of depression. He is a Fellow of the Royal Australian College of Psychiatrist and Royal Australasian College of Physician (Addiction Chapter). Dr Teoh is actively involved in Mental Health and the Law, and is a Member of the NSW Mental Health Review Tribunal.*

** *Fred Cicchini BA(Psych) PgDip Psych. Pg Dip Social Health. Assessment Psychologist South Pacific Private. Fred is a register psychologist in the state of NSW and an associate member of the Australian Psychological Society. Fred has worked and studied in the field of psychology for over a decade, has worked in the addictions field for two years, has authored a thesis on mood regulation and has post graduate qualifications in the field of social health.*

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