European Association for the Study of Gambling

Nova Gorica 1- 4 July 2008
Parallel Session "Experiences in Treatment and Prevention of excessive gambling"

Paolo Jarre "Beeing a good loser": specific residential treatment for gamblers in a public Therapeutic Community in Northern Italy

M. Bacciolo, F. Costantino, M. Fiorido, A. Lo Monaco, S. Monge, G. Samassa e M. L. Spagnolo

Dipartimento "Patologia delle dipendenze" ASL To 3 Piemonte
Servizio GAP - Gioco d'Azzardo Patologico

ASL To 3 Regione Piemonte
We are here…

Saint Vincent

Campione

we are here

Menton

Montecarlo

Sanremo

The Azienda Sanitaria Locale To 3 of Piemonte spreads over an area covering the west suburbs of Turin all the way up to the french border, from the plain to the mountains (the "Torino 2006" Olympic Games mountains).

The inhabitants are about 570.000, living in more than 100 municipalities (nearly 14% of the Piedmont Region population, about 1% of italian people)

FRANCE

TORINO

FRANCE

The Dipartimento "Patologia delle dipendenze" of ASL To 3 of Piemonte includes:

- **11 outpatients facilities** (for substance related disorders: heroin, cocaine and other illegal psychoactive substances; tobacco, alcohol; overeating disorders)
- **2 Day treatment centres**
- **1 Night "Survival Unit"** (meals and overnight stay)
- **1 Street Unit** for harm reduction (needle exchange, advice, support…)
- **1 Drop In** center for harm reduction
- **1 Gamblers outpatient service**
- **1 Gamblers short term residential program ("Sidecar")**
- **→ 1 specialized residential Therapeutic Community, "Lucignolo & Co."** (cocaine, alcohol, gambling)

Addiction

…our theoretical framework…

Volume 96 Issue 1 Page 15 - January 2001

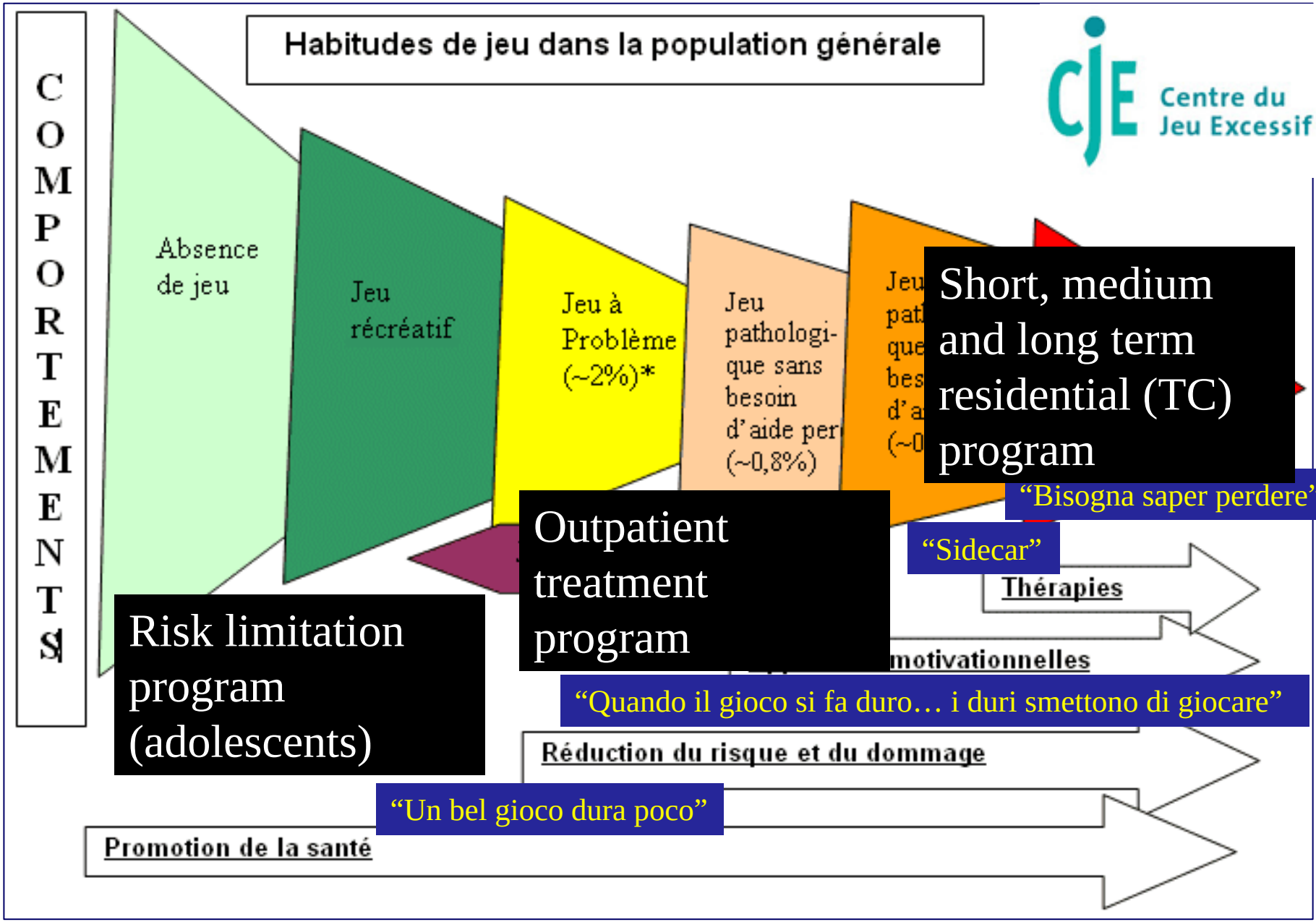
Addiction as excessive appetite

Jim Orford

The paper begins by considering the forms of excessive appetite which a comprehensive model should account for:

excessive drinking
smoking
→ gambling
eating
sex
a diverse range of drugs including at least heroin, cocaine and cannabis

The model rests, therefore, upon a broader concept of what constitutes addiction than the traditional, more restricted, and misleading definition. The core elements of the model include: very skewed consumption distribution curves; restraint, control or deterrence; positive incentive learning mechanisms which highlight varied forms of rapid emotional change as rewards, and wide cue conditioning; complex memory schemata; secondary, acquired emotional regulation cycles, of which 'chasing', 'the abstinence violation effect' and neuroadaptation are examples; and the consequences of conflict


Habitudes de jeu dans la population générale
Centre du Jeu Excessif
COMPORTEMENTS
Absence de jeu
Jeu récréatif
Jeu à Problème (~2%)*
Jeu pathologi-que sans besoin d'aide per (~0,8%)
Short, medium and long term residential (TC) program
Outpatient treatment program
Risk limitation program (adolescents)
"Bisogna saper perdere"
"Sidecar"
Thérapies
motivationnelles
"Quando il gioco si fa duro… i duri smettono di giocare"
Réduction du risque et du dommage
"Un bel gioco dura poco"
Promotion de la santé

J Consult Clin Psychol. 2006 Jun;74(3):555-67

Cognitive-behavioral therapy for pathological gamblers

Petry NM, Ammerman Y et all, University of Connecticut, USA

Few studies have evaluated efficacy of psychotherapies for pathological gambling. Pathological gamblers (N = 231) were randomly assigned to (a) referral to Gamblers Anonymous (GA), (b) GA referral plus a cognitive- behavioral (CB) workbook, or (c) GA referral plus 8 sessions of individual CB therapy.

→CB treatment reduced gambling relative to GA referral alone during the treatment period and resulted in clinically significant improvements, with some effects maintained throughout follow-up (ps = .05).

→ Individual CB therapy improved some outcomes compared with the CB workbook. Attendance at GA and number of CB therapy sessions or workbook exercises completed were associated with gambling abstinence.

→ These data suggest the efficacy of this CB therapy approach

J Gambl Stud. 2006 Dec;22(4):355-72.

Treatment of female pathological gambling: the efficacy of a cognitive-behavioural approach

Dowling N, Smith D eta all Monash University, Clayton, Australia

Although the use of cognitive-behavioural therapy is the most highly recommended approach as 'best practice' for the treatment of pathological gambling, no attempt to date has been made to evaluate the efficacy of this approach for female pathological gambling. Nineteen female pathological gamblers with electronic gaming machine problems were treated with a cognitive-behavioural program.

→ **the female pathological gamblers showed significant improvement over the treatment period, and maintained this improvement at the 6-month follow-up evaluation.**

By the completion of the follow-up period, 89% of participants no longer met diagnostic criteria for pathological gambling.

→ **the outcomes of this study indicate that the therapy that is considered 'best practice' in the treatment of pathological gambling is effective for female pathological gambling**

Addiction 2007 Aug;102(8):1280-91.

Do coping skills mediate the relationship between cognitive-behavioral therapy and reductions in gambling in pathological gamblers?

Petry NM et all University of Connecticut, USA

AIMS: ..this study examined whether coping skills acquisition mediated the effects of CBT on decreasing **gambling** in pathological gamblers.

DESIGN: Participants were assigned randomly to **CBT plus** referral to Gamblers Anonymous **(GA)** or to **GA** referral **alone**.

FINDINGS: Overall, CSS scores increased for participants in both conditions, but **those receiving CBT evidenced larger increases than those in the GA condition (P < 0.05), and they also reduced gambling more substantially between pretreatment and month 2**.

CONCLUSIONS: **CBT's beneficial effects in decreasing gambling may be related partly to changes in coping responses**, and **improvements in coping are associated with long-term changes in gambling**.

However, relationships between coping skills and **gambling** behavior are fairly strong, regardless of **treatment** received.

Residential treatment

Hosp Community Psychiatry. 1984 Aug;35(8):823-7.

An outcome study of an inpatient treatment program for pathological gamblers

Russo AM, Taber JI, McCormick RA, Ramirez LF.

In 1972 the Brecksville Unit of the Cleveland Veterans Administration Medical Center **began the first inpatient treatment program for pathological gambling in the United States**. The **30-day, highly structured gambling treatment program** aims for abstinence from gambling, reduction of the urge to gamble, and restoration of a maximum level of social functioning.

The authors report **the results of a preliminary outcome study of 60 former patients**

..the authors believe that their initial results support the contention that pathological gambling is a treatable disorder

J Gambl Stud. 2001 Summer;17(2):161-9.

Treating problem gamblers: a residential therapy approach

Griffiths M, Bellringer P, Farrell-Roberts K, Freestone F.
Psychology Division, Nottingham Trent University, Burton Street, Nottingham NG1 4BU, United Kingdom

The Gordon House Association (GHA) is the UK's only specialist and dedicated residential facility for problem gamblers.
This paper describes the GHA therapeutic programme which is centred round a nine-month period of residency.
Progression through the programme is described by overviewing each of the phases.
These are initial assessment and **five distinct phases** comprising **'coping with today'** (Phase One), **'coping with yesterday'** (Phase Two), **coping with change** (Phase Three), **coping with tomorrow** (Phase Four), and **'coping on my own'** (Phase Five).
These phases are themselves underpinned within the GHA core therapeutic approach which is also described

Gordon House association

Why Gordon House?

Why Gordon House, why a specialist provider of residential treatment for addicted gamblers?

Gordon House Association believes that a severe addiction to gambling, although having some parallels to a substance-based addiction, needs an inherently different approach to treatment.

This is not so much due to differences in the various addictions themselves but due to the associated behaviours

…a gambling addict can carry on indefinitely with no outward signs that they are addicted; it is a hidden addiction, others may never know that an addict even has a problem let alone what the problem is.

Therefore the addiction can continue and develop to an extreme state without being detected

Therapeutic Community “Lucignolo & Co.”
Dipartimento “Patologia delle dipendenze” ASL To 3 Piemonte

“The frying pan and the fire”

Why the same therapeutic project for different addictions?

We are convinced that gambling, alcohol and cocaine are individual events - sometimes accidental or random - of a suffering that is transversal to all people afflicted by one or more forms of addiction, with or without psychoactive substances.

The subject of our work is not the addictive disease in itself but a whole cosmology of many possible dependencies. The differences lie in personal histories, whether there is substance abuse or not, how the addictive behavior affects personal duties.

In the various forms of addiction the neurobiology mechanism can be considered a common element (mechanisms of pleasure, craving, symptoms of abstinence, etc.)..

To start this project we had to change the “mono-symptomatic attitude” towards addiction into a completely new one: alcoholism, gambling and so on are simply different aspects of a single disorder - addiction.

This integrated therapeutic approach of the three modules allowed us to facilitate and accelerate in the patients - especially in the gamblers – a new awareness of their disease, by reflecting and sharing their experiences with other patients with different problems, but similar stories

“The frying pan and the fire”

Critical aspects that supposedly lead to drop-outs

there are difficulties in living together because of reciprocal discrimination, and of an initial distrust of the gamblers towards cocaine addicts and alcoholics. This mistrust is made especially explicit during the talks to the patients. The outcome, however, is positive, because there are no open conflicts among patients of different modules about their differences.

- non-playing patients (and initially operators too...), find it hard to put substance addiction and pathological gambling on the same level .

- gamblers fail to recognize the services of the Department of diseases dependency (Ser.T, therapeutic communities, day centre etc.) as an appropriate place of treatment for pathological gambling. In fact in common culture these health services are often identified as places that deal only with drug addiction.

- There aren’t any scientific tools for symptoms control in gambling. This is why the alliance

  with the family in relation to monitoring the use of money is so important

"Being a good loser"

…From "living to gamble", to "playing to live"…

Long term or semi-long term residential treatment communities, specific for gambling addicts, are not available in Italy, at present…
Through the experience we gained by working with gambling addicts in our Public Health Service facility in Collegno – which has been going on since 2003, we learned that:

- **gambling addicts are not all the same**: it is possible to discriminate different characteristics related to one's favourite kind of game
- **the therapeutic "hooking" is fragile:** drop-outs are frequent, because of the special perception that patients have about their own condition

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"Being a good loser"

…From living to gamble, to playing to live…

- life histories of patients we met through years tell us that often gamblers suffered **some kind of trauma**
- for many gambling addicts the" strong basis" comes from a "**magical thought",** which is extremely difficult to undermine, so that in many cases it might be more useful to work on cognitive-behavioural aspects, dealt with in the second stage of the treatment
- Many gambling addicts suffer from a great difficulty in recognizing and "handling" emotions, if not from a real **"alexitimia"**

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"Being a good loser"

General aims of the treatment:

- containment of symptoms : ***full remission for the length of the stay*** and longer (we believe that aiming for a pattern of “responsible” or “controlled” gambling is too far-fetched, considering that patients who ask for a residential treatment are likely to be seriously addicted)

- ***increase in awareness*** of one’s gambling behaviour, with its related material and human damage and consequently the planning of one’s debt balancing (this means that one must learn new ways of managing money and of using/discovering one’s own social skills which will allow the development of stable material and living conditions)

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"Being a good loser"

First stage *COPING WITH TODAY- SETTLING DOWN*

Estimated duration: → 2 months

Objectives:

• ***assessment*** (this will examine the structure of personality, connected to the kind of game played, the level of severity as for compulsivity and the deepness of magical thought)

• an initial evaluation of the ***social and financial situation***

• ***start exploring pleasure and how one "fills" his/her free time***, in order to re-discover the normal rhythm of everyday life (the loss of the notion of time is frequent in pathological gamblers, beside the inability to handle "empty time")

• start working around ***motivation***, and how motivation increases along with the feeling of being able to succeed in the therapy, while it drops along with the illusion of success related to magical thought)

"Being a good loser"

Second stage – *COPING WITH YESTERDAY: TREATMENT*

Estimated duration → 4 months

Objectives:

monitoring symptoms and prevention of relapse **(the question of control goes along side with an intensive work on magical thought , with the analysis of gambling modes, of the dynamics connected with winning and loosing and of the needs that one tries to satisfy through gambling)**

planning **strategies aimed at *paying off debts***

experimentation with autonomy **in the outside world (with aimed objectives, including vocational training activities, family commitments, the preparation for job resumption and, more specifically, debts balancing)**

planning free time in the outside world **(the work around pleasure and boredom that was started during the first stage continues , with the possibility now of experiencing a responsible self management of money)**

emotional revision of critical past cruxes **(during the treatment stage it is possible to experience high relational intensity, and this may be an opportunity to start dealing with one's emotions)**

"Being a good loser"

Third stage: ***COPING WITH TOMORROW: RELOCATION***

Estimated duration → 3 months

Objectives:

- ***maintenance of remission*** **of the symptom**
- ***resuming one's job, or starting a new one*** **(in the event that such a resource is non present, the sending operator or the referring operator for training/working resources will be involved, with the aim of finding the best solution and trying it out while the patient is still in community)**
- ***moving to an apartment with some degree of autonomy***
- ***prevention of relapse and identification of risky situations (triggers)***

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Requests and admissions
Geographic areas

Requests n° 30

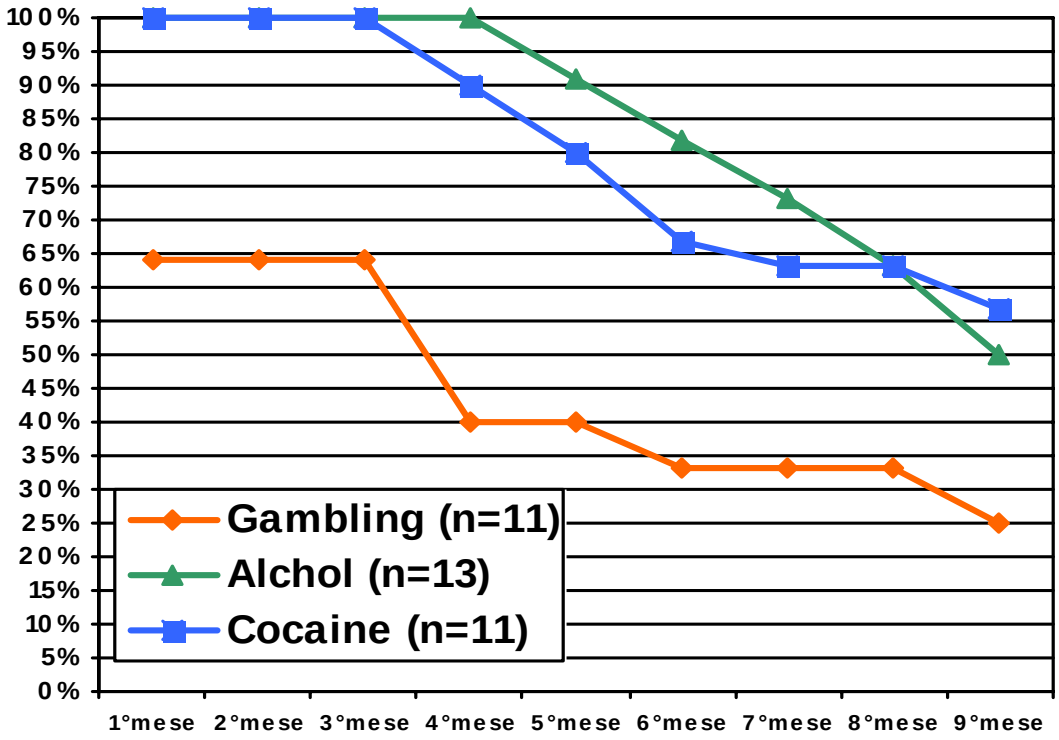
Admissions n°17

Insertion rate

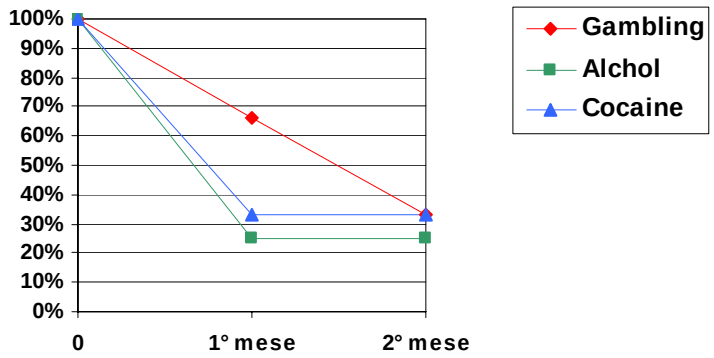
59%

Retention in treatment (oct 06 - jun 08)

9 Monthes Program (N=35)



2 Months Programs (N=18)



Why a 2 Month Program?

From May 2007 the Lucignolo team decided to offer all the patients of the therapeutic community the opportunity to conclude their therapeutic program at the end of its second month.

So, if a patient decides to stop, we consider his/her brief program as complete, otherwise he/she can decide to go on till the end of the ninth month, without other interruptions.

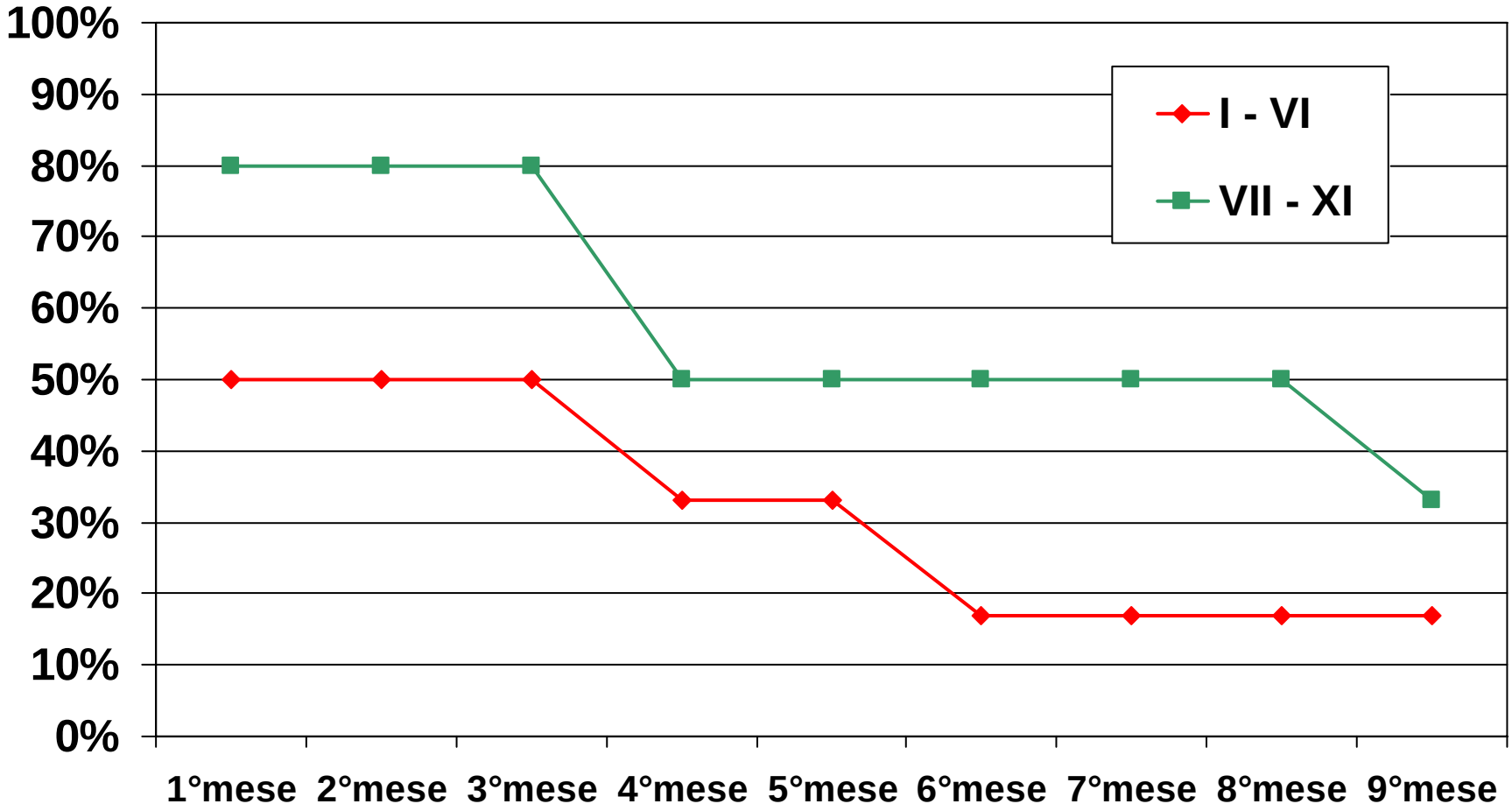
What's the reason for this change?

During the first 7 months of the new therapeutic project we have noticed the difficulty of many patients to stop and stay if they have a long term aim. This is true especially for the gamblers, who often leave their family and a job (and their financial problems too) to join a community.

The opportunity of stopping after 2 months **allows patients to conclude something** after having reached some goals, like a higher awareness of their problem, the acquisition of some tools that will help them prevent the relapse while experiencing a 2 month relief from gambling (it works like a buoy in the sea…)

Gamblers Retention in treatment

9 Monthes Program



“The frying pan and the fire”

Post-treatment critical aspects

The main difficulty in staying in treatment is for these reason:

- **there are still few resources and social workers that know, study and work with gambling**. So often there is no previous motivational assessment and the necessary follow-up with the ambulatory at the end of the residential treatment
- **the gamblers’ expectation are often not met**: they’d like more individual treatment than group work and more psychotherapeutic treatment than educational work
- **financial problems have priority**, to the detriment of therapeutic work and risk of drop out.- we should consider the opportunity to deal immediately and concretely with those issues that are urgent, with clear boundaries for operators in family financial issues
- it’s hard to support the different stages of **the therapeutic work in the community, sometimes perceived as slow with the feeling of loosing time**. This has brought about the need to intensify the work in the first two months of assestment

www.lucignolo.org

paolojarre 2008