Separating cognitive and behavioural therapy in the treatment of problematic gambling
The uncertainty principle and the definition of speed and position...the more you try to define an object’s speed the less able you are to define its position and vice versa.

Can we dis-entangle the parts from the whole without losing something?

Do we need a unifying theory (cf Louis de Broglie)
1. context of a recent study (CT / BT)
2. the core treatment model (Statewide)
3. early treatment results
4. logistics of separating treatments
5. the challenges of re-combining them
6. some theoretical considerations
“Problem gambling is better thought of as a misguided obsession which means we are dealing with habitual and poorly informed choices rather than biological processes that are beyond individual control,” Dr Anjoul said.
a problem with treatment

We don’t know what treatment works for whom or which components of treatment are best applied when.

This is like a teacher having the mathematics curriculum, but not being sure where to begin, in what order to present the material or which students are receptive to particular strategies at the various stages of their development.
one approach to this dilemma has been to attempt to isolate the components of the hitherto broad based CBT strategy to see which elements are most effective in overcoming gambling...ie

- exposure to gambling cues
- thinking about erroneous perceptions and beliefs about gambling
But is this really possible?

• can we distil out the elements of a complex, sometimes subjective, process

• can we stop an electron in its tracks to have a good look at it
Background

• the problem with gambling
  • forms of gambling (ie 85% of clients - EGM addiction)
  • extent of harm
  • rate of help seeking
  • emerging forms of gambling

• 2% problem gamblers & each affect 7-10 others

• gambling revenue & funding sources

• co-morbidity
Background

- assessment of problems (CPGI, VGS, DSM4)
- approaches to remediation (the treatment continuum)
- therapists and the State-wide Gambling Therapy Service (SGTS) therapy model
- early developmental outcomes

Business Model

- SA Govt. Department for Families and Social Inclusion
- Funding model... 400 clients 8-10 sessions on average
- Therapy
  - Manual-based graded exposure treatment
  - Staffing model (therapist backgrounds)
  - An inpatient, intensive treatment option (co-morbidities)
  - Treatment compliance and completion rates
Business Model

- service delivery...sites and numbers
- treatment timeframe
- inpatient and outpatient models
- clients
- treatment context and outcomes
principal question pre-occupying therapist

• changing cognitions or behaviour (or both)
• cognitive or behavioural methods??
• what mechanisms change gambling behaviour
• what brings about controlled gambling
• sustainable outcomes and relapse prevention
• horses for courses??
Early evidence from a cohort study using combined CBT and other treatments
Victorian Gambling Screen (VGS)

- Mean VGS score over time for treatment completers and treatment dropouts.
- Baseline, 1 month, 3 months, 6 months, 12 months.
- Sample sizes: Baseline (n=86), 1 month (n=48), 3 months (n=57), 6 months (n=59), 12 months (n=32).
Gambling Urge Scale (GUS)

![Graph showing mean GUS scores over time for treatment completers and dropouts.](image)
Gambling Related Cognitions Scale (GRCS)

- Mean GRCS score for baseline, 1 month, 3 months, 6 months, and 12 months.
- Comparison between treatment completers and treatment dropouts.

- Baseline: (n=86) (n=41)
- 1 month: (n=47) (n=9)
- 3 months: (n=55) (n=11)
- 6 months: (n=54) (n=11)
- 12 months: (n=31) (n=6)
Current RCT (2 arms)

Aim

- to explore the efficacy of purely cognitive vs purely behavioural therapy with clients experiencing gambling problems

- study the mechanisms of change over time...how clients reacted to treatment and what brought about behaviour change
context

- participants were help seeking clients with gambling problems
- recruitment via the Statewide treatment service
- blocked randomisation (gender, age)
- target $n = 130$
- manual-based treatments of equal length
- fidelity checks to ensure consistent treatment approach
- qualitative follow-up of clients re treatment impacts and behaviour change
intervention 1

- behavioural approach
- 2 (BT) therapists from the treatment service
- graded exposure to gambling cues

intervention 2

- cognitive approach
- 2 cognitive therapist
- targeting erroneous beliefs re gambling
key measures

- Problem Gambling (VGS, DSM4)
- WSAS – quality of life
- K10 – psychological distress
- gambling urge scale (GUS)
- Problems and goals (P&G)
- gambling activity / money
- suicidal ideation
RCT Process

Assessed for eligibility (n= 151)

Excluded (n= 37)
- primary form of gambling not EGMs (n= 28)
- not gambled in previous month (n=3 )
- received psychological treatment for gambling in previous 12 months (n=2)
  - SOGS score <5 (n=2)
  - concurrent gambling treatment (n=2)

Did not meet primary consent criteria (n=15)
- declined further study assessment (n=15)

Enrolment

Randomized (n= 99)

Allocated to intervention ET (n= 49)
- received allocated intervention (n= 44)
- did not receive allocated intervention (did not attend appointment) (n= 5)
  - lost to follow-up (give reasons) (n=? )
  - discontinued intervention (give reasons) (n=?)

Allocated to intervention CT (n= 50)
- received allocated intervention (n= 45)
- did not receive allocated intervention (did not attend appointment) (n=5 )
  - lost to follow-up (give reasons) (n=? )
  - discontinued intervention (give reasons) (n=?)

Follow-Up
initial outcomes

- \( n = 99 \ldots CT=50 & BT=49 \)
- baseline characteristics (eg PG levels)
- treatment completion rates
- time in treatment
- follow-up success rates (1, 3, 6 months)
- qualitative client feedback (change processes)
- drop out
- initial differences
initial outcomes

- clinical trends
- groupings and treatment compliance
- comparison of length of treatment CT/ET
- modelling of VGS over time by CT/ET
- GUS over time by CT/ET
multiple interventions??
RCT2

intervention 2

- re-combining BT and CT
- 4 arms (BT, CT, CBT & normal gambling help)
- powered on detecting significant difference between NC and CT, BT and CBT
- n = 75 in each arm
- expected drop out rate ≈ 30%
- mechanisms of change analysis
the whole and its parts...
treatment context

- limited evidence for long term efficacy in treatments for PG
- focusing on one problem (ie co-morbidity to consider)
- the interplay of other life factors
- natural recovery
- cycles of indulgence in gambling
feasibility of dismantling

- problem of limiting treatment to one form
- fidelity constraints...how sure can we be
- lack of flexibility when meeting client needs if therapists are locked into one approach only...ie not able to blend treatments
structuring the combined package (CBT)

- what to do first
- how to be flexible yet systematic in the development of the treatment programme
- the interaction effects of CT & BT
- dialectical logic and the co-existence of two parts
change processes

• some clients prefer BT, others CT
• what factors make a difference for whom
• trigger points for change
• which effects last longest
• qualitative follow-up to explore mechanisms of change
Discussion

- we have dismantled CBT to explore individual components, now we need to cobble the puzzle back together and test the efficacy of this combined CBT model
- how to re-combine CT & BT
- the order of treatment
- need for a flexible approach - client centred to ensure engagement, retention and treatment completion
- what might be the model for the future??
Thank You
Statewide Gambling Counselling treatment for pokies and other gambling addiction in South Austr - Micr...
SGTS

Revenue & Taxation: 1995-2011

$\text{m}$

Years

- 1995
- 1996
- 1997
- 1998
- 1999
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011

- revenue
- taxation
Increasing client numbers

Gambler
NonGambler

Financial Years

Clients (n)
PGSI profile for standard cohort 2011

Mean = 15.79
Std. Dev. = 6.539
N = 491
Achievements

• **≈ 500 clients per year**

• **> 90%** of clients see a therapist within 3 weeks of making contact, almost all assessed same day

• **> 70%** of clients report reduced gambling behaviour or expenditure within 6 months

• **≈ 45%** of clients complete a course of treatment

• **> 80%** of clients who completed treatment fully or substantially achieved their goals
Age distribution
Indigenous client numbers increasing