

# **Cognitive Behavioural Tools for Problem Gambling Treatment**

**ABACUS** Counselling Training & Supervision Ltd



# The Session

We will cover:

- Overview of CBT
- Inter-relation of thoughts, mood and behaviour (and exercise)
- Principles and process of CBT
- Cognitive Distortions/restructuring
- Tools of CBT useful for PG treatment
- Relapse Prevention



# True or False?

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

*False – 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

*False – Involves biological, psychological and social factors*

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

*True*

CBT is educative and collaborative and often has homework

*True*



# True or false?

CBT says that what we think 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)

*True*

CBT focuses upon positive thinking

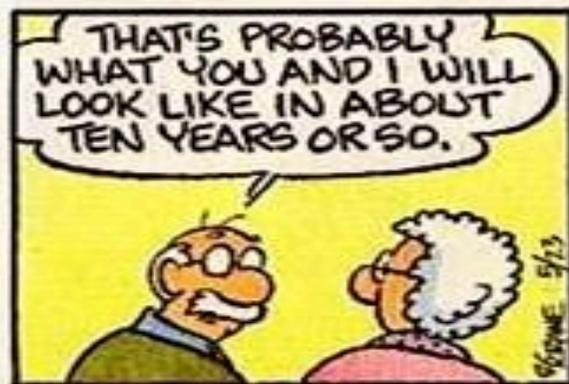
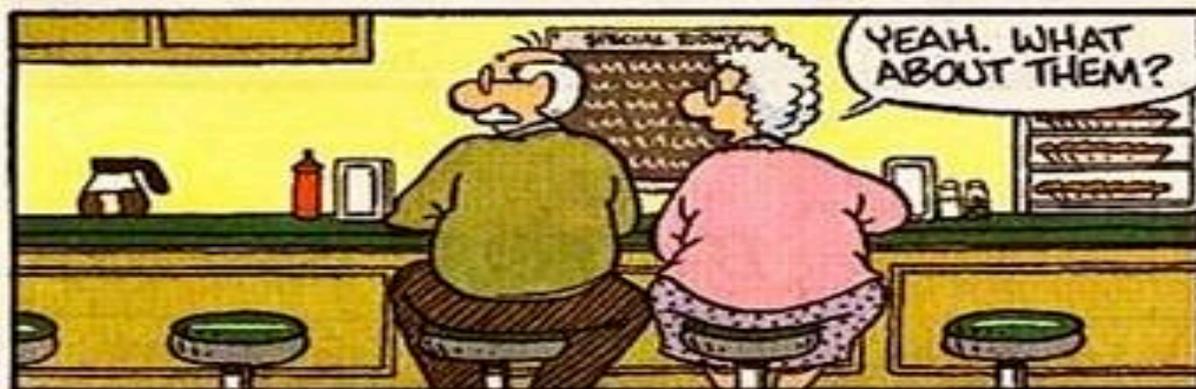
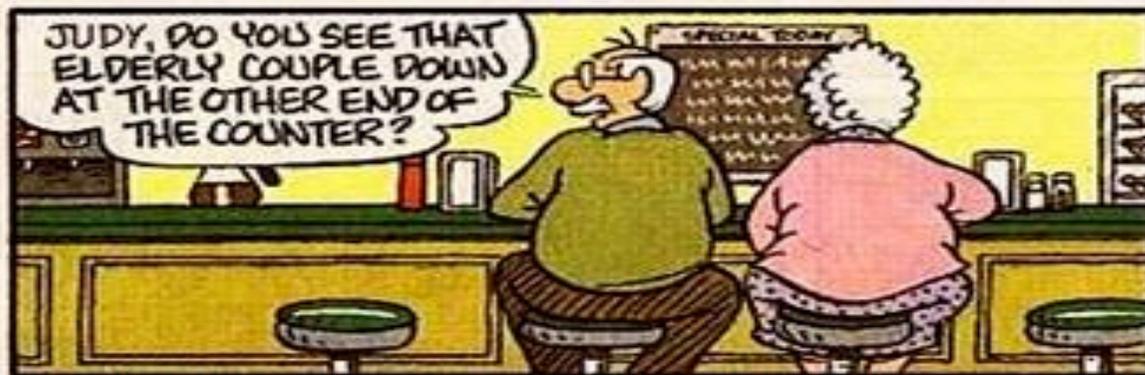
*False – not all negative emotions are wrong, and not all positive emotions are functional – CBT focuses upon realistic thoughts, emotions and behaviours*

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

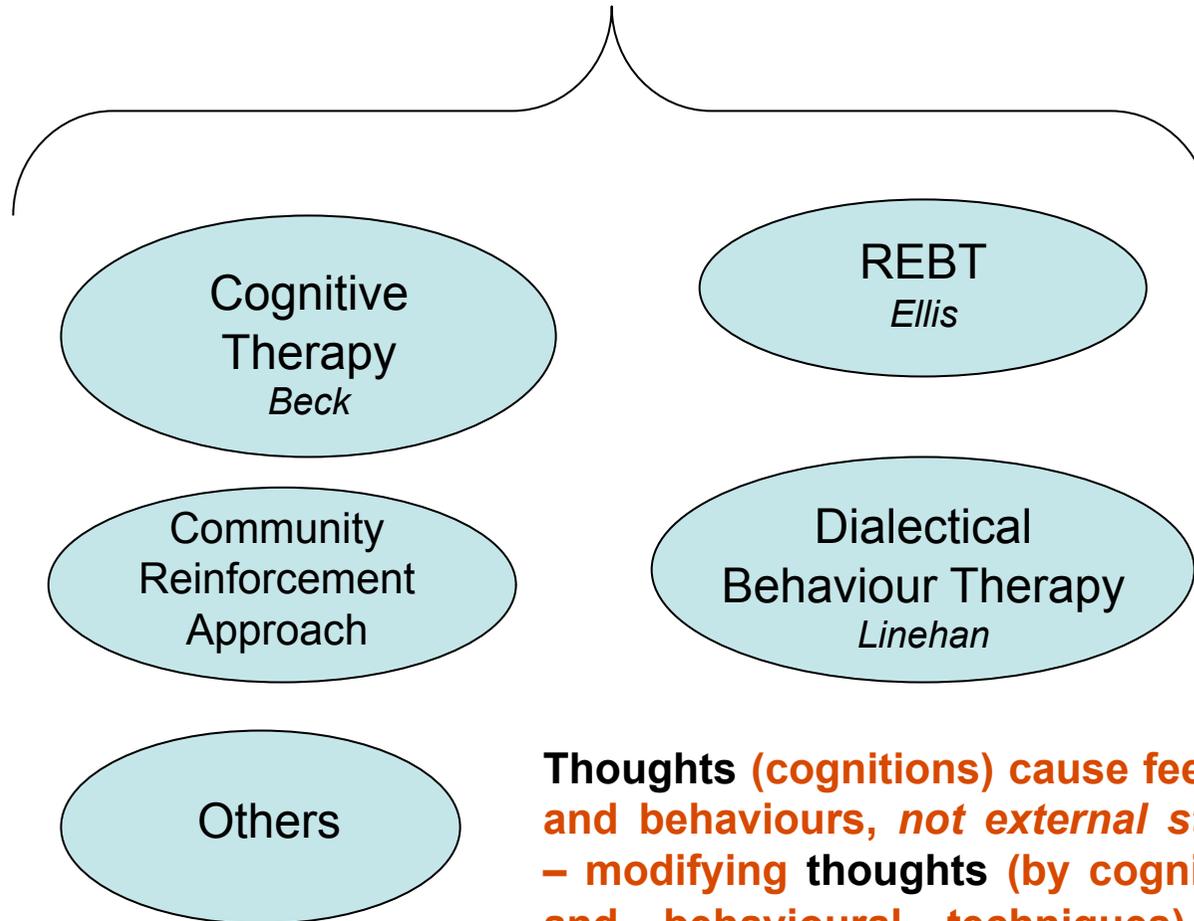
*True*



**ARE WE  
THERE  
YET?**



# CBT umbrella



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

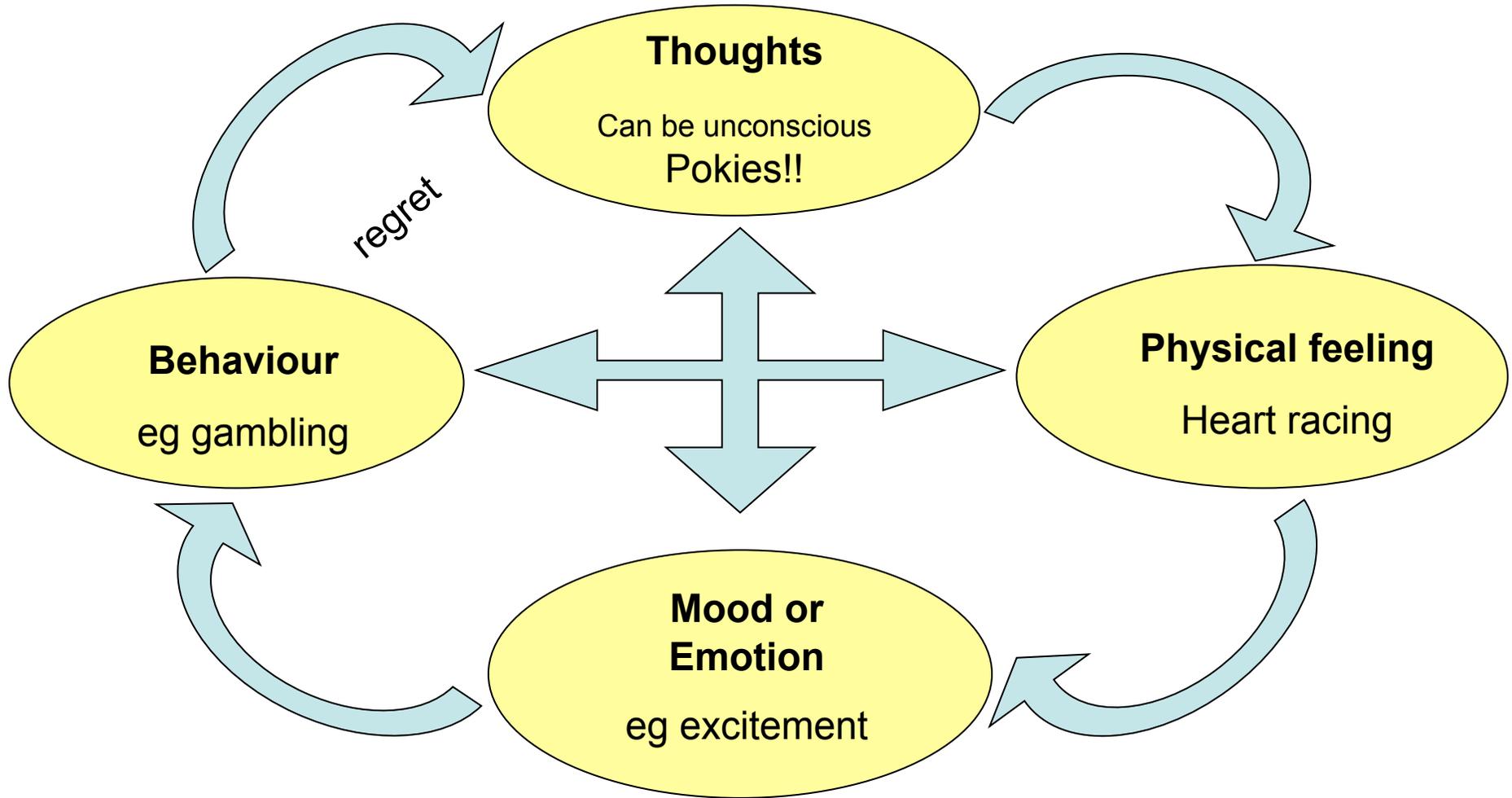
## Cognitive Behavioural Therapy

Cognitions (thoughts) and behaviour are connected and for psychological problems to be solved, therapy must address both 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, Pokies music



# 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)*



# Scenario (3 groups)

You got the bus in to work this morning. You have made an arrangement to be picked up after work by your partner at 5.30 pm and are looking forward to going out with them to dinner.

It is now 6.05 pm and there is no sign of them yet. Everyone else has left work and no-one is around the area. You left your mobile phone at home. It is getting cold and it feels like rain.

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



# Feedback

Even though it was the same situation, each group 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?



# Principles of Cognitive Therapy

CBT requires a sound therapeutic alliance:

- Warmth
- Empathy
- Caring
- Genuine regard
- Competence
- Feedback

Sound familiar?



# Principles of Cognitive Therapy

CBT emphasises collaboration and active participation:

- Teamwork
- Leading-partner to partner relationship
- Treatment goals
- Homework
- Agenda setting



# Overview of CBT

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



# Overview of CBT

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



# Overview of CBT

- 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



# The CBT 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



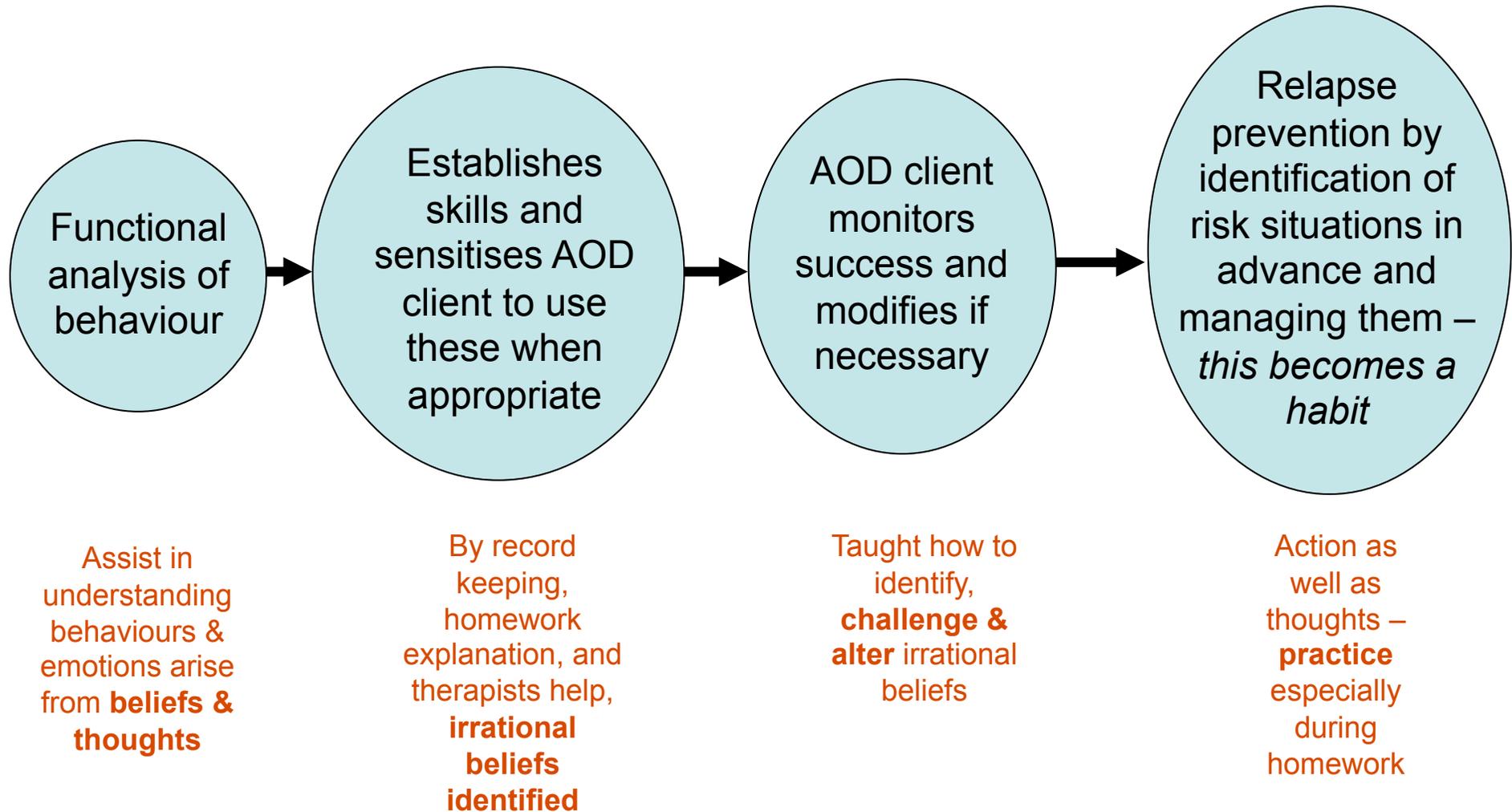
# Principles of Cognitive Therapy

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

- “What’s going through your mind?”
- Examining the evidence for/against thought
- Socratic questioning
- Collaborative empiricism
- Guided discovery



# CBT change process



# 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 <u>before</u>		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



# Setting Goals

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



# 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



# Cognitive Restructuring

Event	Automatic thoughts ( <b>hot</b> 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



# 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)

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



# 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
<i>When drinking in the pub and can hear the pokies</i>	<i>Try to plan to have my wife or someone who won't let me gamble present,  Don't drink too much; don't take eftpos card  Go home early if I feel like gambling</i>	<i>My wife  Good friend around who knows I don't want to gamble</i>



# Relapses

## *Debriefing and Identifying Alternatives*

<b>The situation</b>	<b>Prior thoughts, feelings and expectations</b>	<b>What I did e.g. drink, Play pokies</b>	<b>What else I could have done</b>	<b>Expected outcome if I used alternatives</b>
<i>Friday, after work – mates invite me to pub</i>	<i>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</i>	<i>Drank about 5 glasses of beer, then felt like gambling</i>	<i>Gone out with wife instead; Said I had a family function; Got realistic</i>	<i>Wouldn't feel bad; Had a good time; Mates would have believed me; No gambling</i>



# 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

