



*The Integration of Key Treatment  
Approaches to Problem  
Gambling Treatment*

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*Based on Counseling the Problem Gambler*

*By Joseph Ciarrocchi Ph.D.*

**Community Care Gambling Treatment Manuals**

*Lori Rugle Ph.D. & J. Tabor Ph.D.*

# *The Integration of Key Treatment Approaches to Problem Gambling Treatment*

- ❖ Medical Model Applied to Gambling Treatment:
  - Shame and Blame Game-Biogenetics
- ❖ Addiction Treatment Model:
  - Abstinence, Support and Structure
- ❖ Harm Minimization, Motivational Enhancement:
  - Transtheoretical theory & Pathways Model.
- ❖ Self Regulation Theory:
  - Adaptive Behavior and Goals & Accomplishments

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- ❖ According to Ciarrocchi, high self-esteem p. gamblers are more likely to maintain biased evaluations of their failures & exaggerated views of their own skills.

(Gilovich '83, Baumeister '97-98, Ciarrocchi '02)

- ❖ Low self-esteem p. gamblers with emotional distress seem lead to self-regulation failure due to attention failures, cognitive shortcuts, & other information processing styles resulting in loss of control (Leith, Baumeister '96)

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- ❖ According to Ciarrocchi (*Counseling Problem Gamblers* '02) motivations for gambling initiation and persistence differ for high and low self-esteem gamblers- aggressive expression vs. internalized distress.
- ❖ This model suggests the loss or threat to self-esteem influences self-defeating behaviors not its absolute level.
- This model supports the central role of dissociative experiences (Jacobs '88, Kuley & Jacobs '88) but...

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- ❖ This model proposes the initial dissociative-like experiences are more salient for low- than high-self-esteem gamblers. (Ciarrocchi 02)
- ❖ As high self-esteem gamblers develop gambling related problems their motivation to seek dissociative experiences increases as well.
- ❖ Underregulation and misregulation can be caused by biogenetic predisposition related to differential neurotransmitter findings, high baseline neuroticism, and low conscientiousness (Walsh '01)

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- ❖ Environmental factors such as trauma history, addiction and other family history variables can further diminish the capacity for self-regulation.
- ❖ Possibly, functional normal belief systems adaptive in enhancing self-worth, optimism and sense of control work against us in during gambling. It seems an instinctive expectation that antecedents cause consequences in chance events such as gambling.

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- ❖ Developing strategies to counter these illusions and their subsequent behavior patterns is the focus of clinical interventions.
- ❖ The better we understand our clients the better we can choose the most appropriate intervention.
- ❖ Should a client present with low neuroticism compared to other clients – problems are more likely to be due to recent stress or difficult situation and treatment should focus on these specific issues by...

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- ❖ Problem solving, reality based, goal directed interventions.
- ❖ An extroverted client may do very well in therapy emphasizing verbal and social interactions such as group therapy and self help meetings.
- ❖ A client low in agreeableness is likely to be more skeptical & antagonistic in therapy. Reluctant to establish a Tx alliance until the therapists have demonstrated their skill and knowledge. (Ciarrocchi on use of the NEO-PI-R, with pathological gamblers '02)



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- ❖ Being client centered is a strength if “client centered with an agenda. Offer “double sided reflective statements. Combine empathy with reality of consequences.
- ❖ Elicit Self-motivational statements- don't argue with your client- let them argue for recovery enhancing behaviors.
- ❖ Rephrase declarative statements of advice into interrogative statements leading client to self-exploration and ownership of insights.

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- ❖ **Motivational enhancement and goal-setting:**
  - **Goals create the content of aspirations and our driving incentives.**
  - **Goals get their self-regulatory capacity from attention mechanisms (Carver & Scheier '98)- we can only change that which we pay attention to.**
  - **Gamblers seem to pursue goals implicit, self-defeating goals operating outside of full awareness. Motivational enhancement can make the implicit goals explicit.**

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- ❖ Cost benefit analysis: Decisional Balance Exercise  
Or a pros & cons list by any other name.
- ❖ Long known to be an effective, non-judgemental & even-handed task that focuses attention. Cost benefit analysis: Decisional Balance Exercise
- ❖ Functional Analysis of ones gambling- choosing the next step: Abstinence, harm reduction or....
- ❖ Stimulus Control Skills- developing an “off”
  - Follow the money



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- ❖ We can control only the actions that impulses instigate
- ❖ This leads many to select the wrong strategy in self-regulation.
- ❖ These attempts exacerbate their desires or thoughts rather than regulate them.
- ❖ Study: Acceptance Rationale, Mindfulness and Urge Surfing. (Ciarrocchi, p161, *Counseling the Problem Gambler*)

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- ❖ Counselors working with Problem Gamblers have the primary task of assessing the client in multiples of dimensions:  
Biopsychosocioalldatstuff.
- ❖ The next task, often the larger, is to select from a full menu of options the strategies most likely to help your client in their where and when- not your.
- ❖ Avoid the temptation to try only the latest flavor of therapy or use only a few limited tried and true strategies.

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- ❖ There is a place for the medical model- find it and use it:
  - Medication assessments, education to significant others that is blame free.
- ❖ There is a place for self-help support and structured recovery programs:
  - Client and family education, identification, validation acceptance and problem solving

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- ❖ There is a place for the use of Harm Reduction and Stages of Change for every client.
  - Acceptance, Readiness, Eases Client into Treatment Process, Keeps Interventions Bite Sized and Focused, Regardless of Client's Initial Goals
- ❖ There are tremendous strides that can be made in short term treatment, using an integrated view to recovery and the structure of self-regulation theory as applied to Problem Gamblers and their Families.

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- ❖ The key in the development of Best Practices is documentation of Outcome with the use of structured Interventions and Strategies.
- ❖ Without this data, the field is in danger of growing by way of popular ideas, easy concepts and clever promotions rather than by scientific method, data and research.
- ❖ It is my belief that our clients are helped best by the counselors willing to use the tried and true AND a new view to treatment based on research & outcome data.



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- ❖ The counselor has the burden of many a scientist, stay current, innovative and close to what we believe to be truth while staying open-minded enough to use any tool that may prove effective. It is not sufficient to listen and learn, one must make a commitment to practice and improve the skills we have all invested in. Use good supervision, a mentor and peer support in the continuing education process.
- ❖ This is an ethical responsibility we owe our clients, our agencies and ourselves.



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- ❖ For further helpful information please contact the author of the book referred to throughout this presentation:

Counseling Problem Gamblers: A Self-Regulation Manual for Individual and Family Therapy

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- ❖ For further information about manualized treatment for gamblers and their families based on researched outcomes: please contact: Lori Rugle Ph.D. Trimeridian Inc.

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*There is  
Room for  
All our  
efforts*



Hello?

