Cognitive-Motivational Behavior Therapy: Retaining Gamblers in Treatment

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When gambling becomes a problem

Continuum of gambling

None  Occasional  Frequent  Problem  Pathological

NRC Classification (1999):

Level 0: Never gambled
Level 1: Social or recreational gambling
Level 2: At-risk or problem gambling
Level 3: Pathological gambling (PG)
Pathological gambling (PG)

A psychological disorder characterized by

• a persistent and recurring failure to resist gambling behavior that is harmful to the individual and/or others

• high levels of psychiatric comorbidity

• significant similarities with addictive disorders
Prevalence Rates

Current best estimates: (point prevalence)

Problem gamblers: 3-5%
Pathological gamblers: 1.5%

→ PG is a significant public health problem
→ Treatment development is essential
Treatment of PG

Non-completers &
Drop-outs

Echeburua et al. (1996)
64 slot machine gamblers (BT, CT, or CBT) 45%

McConaghy et al. (1991)
120 mixed gamblers (BT, Relax., Aversion) 47%
Treatment of PG

Non-completers & Drop-outs

Sylvain et al. (1997)
29 video poker players (CBT*) vs. WL) 36% *)

Petry et al. (2006)
231 PGs (GA, GA+CBT, GA+Workbook)
(Of 8 CBT sessions attended: 7%=0; 32% ≤ 5) 39%
(Chapters completed: 30%=0, 34% ≤ 5) 64%
Treatment of PG

• Most studies have shown **good treatment effects** for gamblers who are **retained**

• But all studies have also shown significant dropout rates.

→ This seems to indicate that researchers may pay insufficient attention to **motivational factors**
Tacit assumption of CBT: Treatment-seeking clients are ready to change

- Addictions are functional (adaptive value)
- Ambivalence is a core feature of addiction
  - Lack of commitment
  - Dropout
  - Relapse
Key to change:
Tipping the motivational balance

→ Development of CMBT
(Cognitive-Motivational Behavior Therapy)
Cognitive-Motivational Behavior Therapy

CMBT integrates:
- motivational enhancement techniques
- psycho-education
- cognitive & behavior therapy strategies

Goal:
- First engage patients in treatment
- Then provide insight and skills to foster behavior change
Treatment Development of CMBT: Phase 1

3 Sessions of Motivationally Enhanced Therapy (modeled after Project Match)

- Personalized feedback from Intake Assessment
- Use of MI principles (EE, DD, SS, RR)
- Decisional Balance Exercises
- Values clarification
- Goal setting
CMBT: Phase 2

12-15 Sessions of:

CT (modeled after Ladouceur)
- Identifying and correcting distorted beliefs about gambling and chance events

Psychoeducation
- Facts about gambling; odds

Behavioral strategies
- Problem solving & skills training
- Evaluation of lifestyle and choices
CMBT: Phase 3

2 Sessions of Relapse Prevention
(modeled after Ladouceur / Marlatt)

- Stop, look, and listen
- Emergency Procedures

Conjoint session with SIGO
(where indicated)
Treatment Pilot Study
(Wulfert, Blanchard, Freidenberg, Martell, 2005)

22 treatment-seeking male PGs

- Assigned to CMBT (9) or TAU (12)
- Mean age 43 (29-59)
- Avg. length of gambling 15 yrs (3-30)
- Mean DSM criteria 8 (7-10)
- Mean SOGS score 16 (9-20)
Main Outcomes

• Validity Check of Motivational Intervention
  • Assessed after Session 3
  • Significant increase in clients’ motivation and readiness to change

• Main Outcomes
  • DSM-IV Characteristics
  • SOGS Scores
Pre/Post Treatment Gambling Severity

**SOGS**

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<th>Pre</th>
<th>Post</th>
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<td>15.9</td>
<td>7.8</td>
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<th>Exptl.</th>
<th>Control</th>
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<td>14</td>
<td>1.2</td>
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**DSM-IV**

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<th>Pre</th>
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<td>8.1</td>
<td>7.5</td>
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<th>Exptl.</th>
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\[ F(1, 15) 17.61, p = .001 \]  \quad \text{RM Anova TimeXCond}  \quad \[ F(1, 15) 14.1, p = .002 \]
Treatment Retention

Retained in Tx:  

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<tr>
<th>Group</th>
<th>Retained</th>
<th>Rate</th>
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<tr>
<td>CMBT</td>
<td>9/9</td>
<td>100%</td>
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<tr>
<td>TAU</td>
<td>8/12</td>
<td>67%</td>
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* $X^2 = 8.05$, $p = .005$

Patients in CMBT:
- Completed treatment and 12-month follow-up
- Maintained treatment gains in follow-up
- Showed decreases in depression and state anxiety
- Showed heart rate decreases to gambling stimuli
DSM-IV and SOGS Scores: CMBT

* RMA: Time: F(4,5) 29.96, p = .001
HR (BPM) Pre - Post Treatment

Gambling Scene 1
BL corrected the BMP
Pre: 2.03
Post: 0.13*

Gambling Scene 2
Pre: 1.69
Post: 0.31*

* p<.05

(Freidenberg, Blanchard, Wulfert, Malta, 2002)
Limitations

- Small sample size
- Non-randomized control group
- No follow-up data on control group
- No process measures

→ Controlled follow-up study is needed
NIMH-funded Treatment Development Study

RCT with 46 treatment-seeking PGs
Randomly assigned to

- CMBT  (n=23; 16 men, 7 women)
- GA    (n=23; 16 men, 7 women)
Demographic Information

- **Age:** mean 44 years (range 24 - 70)
- **Ethnicity:**
  85% Caucasian
- **Education:**
  76% at least high school or some college
- **Marital status:**
  57% married; 24% single; 19% sep/div./wid.
- **Employment:**
  76% fulltime; 9% unemployed
- **Household income:**
  Median: $35 - 50K (Range: <$10K to >$100K)
- **Gambling debt:**
  Median: $10K (Range: $500 - $65K)
CMBT: 12 Session Manualized Tx

- 3 Sessions of Motivational Enhancement
- 8 Sessions of CBT
- 1 Session of Relapse Prevention

A motivational interviewing style is employed throughout treatment

3 master’s level therapists (CSWs)
Gamblers Anonymous Control Group

- Clients referred to GA were instructed to attend weekly GA meetings
- Patient advocate
Main Outcomes & Assessments

Main Outcome variables
• DSM criteria, SOGS, Money lost gambling, Days gambled

Secondary Outcome variables
• Readiness to change; cognitive distortions

Assessments
• Pre / Post / 3-month / 6-month follow-up
• CMBT process variables: also at 4 and 8 weeks
Attrition

CMBT:
- 1/23 (4.3%) dropped out after Session 2
- 22/23 (95.7%) attended all 12 sessions
- 1/23 (4.3%) was lost to 6-month follow-up

GA:
- 10/23 (43.5%) never attended any meetings
- 14/23 (60.9%) attended <3 meetings
- 8/23 (34.8%) were lost to follow-up assessments.

Fisher’s exact test (dropouts): p<.001
Preliminary Outcomes

- GA was similarly effective to CMBT for gamblers who attended GA meetings regularly
  - Problem: High rate of noncompliance and dropout and from GA
- Intent-to-treat analyses
  - Last assessment point carried forward
**DSM-IV Criteria and SOGS Scores**

**DSM-IV Diagnosis of PG**

- Percent meeting PG diagnosis
- Pre, Post, 3 mos, 6 mos

**SOGS**

- SOGS Scores (0-20)
- Pre, Post, 3 mos, 6 mos

* Group Diff's: p < .01
Dollar Amount and Number of Days Gambled (percent from baseline)

Money lost gambling

Days gambled

Group Diff’s: $p < .01$
CMBT Process Measures

- Readiness to Change (URICA)
  - Session 4 Scores correlated with treatment outcome

- Irrational Cognitions (GBQ)
  - Session 8 Scores correlated with treatment outcome
Conclusions

MBCT

• Retains patients in treatment
• Increases motivation to change
• Decreases irrational beliefs re. gambling
• Decreases gambling behavior
• Possibly decreases urges and arousal
Limitations & Future Directions

• Promising, but empirical support is modest at this time
  • 1 pilot study + 1 RCT = 32 CMBT patients

• Positive effects are limited to 1 single setting
  • Test of transportability is necessary

• High dropout rate from GA
  • Test against a more stringent control group is necessary

• Plan:
  • Conduct a large2-site RCT with stringent controls
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