For your consideration
Comorbidity issues and problem gambling
Among problem gamblers seeking treatment, almost 50% indicated that a comorbid condition increased the severity of their gambling problem.
Highlighting of risky diagnoses
The reality

75% Alcohol use disorder
61% Personality disorder
50% Depression
41% Anxiety
38% Drug use disorder
10% Bipolar disorder

More than 25% of problem gamblers contemplated suicide in the past year.
The real implications

- Gambling disorder rarely occurs without other significant mental health and addiction issues.
- In some cases, gambling may occur in response to other mental health problems.
Co-occurring disorders is the rule rather than the exception

Being aware of likely comorbidities is useful when diagnosing and treating someone with a gambling problem.

Comorbidity may affect appropriate treatment options and potential for treatment failure or relapse.
Factors of depression
Warning signs of problem gambling

- Bereavement/Loss
- Age/Life changes
- Suicidality
- Isolation
• Depression interferes with recovery from gambling disorder
• Problem gamblers seeking treatment experience a longer period of time before obtaining at least three consecutive months of abstinence
DSM 5
Substance Use Disorders and Gambling Disorder
Assessing comorbidity through the Pathways model
The Pathways model
Developed by Dr. Alex Blaszczynski

Use an organizational framework that helps to determine the appropriate level and type of treatment for a particular patient.

Integrates environmental, personality, developmental, cognitive, learning theory, and biological factors.

Model maintains that comorbid psychiatric and medical conditions often associated with problem gambling must be addressed concurrently with the problematic gambling behavior.
Understanding contributing factors

Through obtaining a sociological, psychological and biological history of the gambler, problem gamblers can be categorized into one of the following three pathways or subgroups:

1. Behaviorally conditioned or normal;
2. Emotionally vulnerable;
3. Biologically based or antisocial-impulsive.
Common elements of all types

Cognitive distortion

Role of classical and operant conditioning

Availability & access to gambling venues
Behaviorally conditioned group

Characterized by a stable childhood and family history

Problem gambling occurs later in life

Shorter period of excessive gambling

Financial problems are less severe

Absence of pre-morbid psychopathology or co-occurring disorders
The presentation of “normal” problem gamblers

Symptoms of depression and anxiety attributed to financial and relationship difficulties

- Loss of money
- Amount of time spent gambling

Depression and anxiety subsides after the gambling is brought under control

Financial and relationship issues are addressed
Emotionally vulnerable group

Dysfunctional and traumatic childhood or family history

Possible physical, sexual, or emotional abuse

Poor coping or problem solving skills

Moderate levels of psychopathology
Antisocial-impulsive group

Inability to stop gambling is greater than normal or emotionally vulnerable problem gambler

Cognitive distortions, misunderstanding of odds, and have difficulty learning

Impacted primarily by early history of neurological or neurochemical dysfunction related to impulsivity and attention deficit features
An analysis of the Pathways model with community gamblers

- N = 150 problem gamblers (50% women, 39% college students)
- Based on BSI and Eysenck scale scores, participants were divided into subtypes:
  - Behaviorally conditioned (BC): Low impulsivity and low depression/anxiety.
  - Emotionally vulnerable (EV): Low impulsivity and high depression or anxiety.
  - Antisocial-Impulsive (AI): High impulsivity and high depression or anxiety.
Discussion

If gamblers can be sub-grouped according to the Pathways model, what does this mean for treatment?
Effective treatment interventions
Predictors of treatment outcome in disordered gamblers

- Motivation
- Impulsivity
- Depression
- Substance use
- Social support
- Self-efficacy
- Proximity of gambling
- Trauma history
- Gambling severity
The normal subgroup tends to do very well in treatment

- Cognitive behavioral therapy (CBT)
  - Addresses unique and unusual beliefs regarding control, luck, prediction, and chance
  - Educating about odds and probability involved in gambling — with regard to their game of choice — can also be useful in dispelling cognitive distortions

- Brief solution-focused therapy
  - Identify times of appropriate coping strategies and problem-solving skills to other areas in their life
  - Motivates success in dealing with the problems they are facing because of their gambling behavior
The EV subgroup spend a longer time in treatment

- Goal to develop better stress management as well as self-soothing problem solving skills
- CBT helps them to identify high-risk situations and allows them to develop appropriate coping strategies to deal with urges
- Gambling can increase rapidly during times of stress and crisis, making abstinence a more viable choice
- Depression and anxiety do not always decrease after patient has stopped gambling
- May benefit from medication and psychotherapy to treat symptoms of clinical depression and anxiety
Antisocial-impulsive subgroup responds poorly to treatment

- A review regarding the social, work/school, and relationship status can address denial of problematic behavior
- Can benefit from the use of psychotropic medications to deal with their impulse control
- Use of deep breathing and delaying urges can increase confidence and self-efficacy
Above all else
Provide supportive counseling

- Validate the client’s experience
- Establish therapy as a safe place
- Be a trustworthy and reliable consultant
- Be empathetic
- Encourage self-care
- Refer out for psychiatric assessment
Case study
Case Study
Things to think about

What are the crisis/clinical issues?

What legal/ethical issues are present?

What is your diagnosis?

What disorders are primary/secondary?

What would your treatment plan be?

How would you address gambling within the context of co-occurring disorders?
Bill, the shop owner

Background

Bill is a 49 year old married shop owner from Manhattan. He has been running the family’s successful second hand jewelry shop for the past 15 years. The store, which until recently was owned by his mother, has always been profitable and Bill drew a decent salary from the business, but has only a modest retirement nest egg.

In 2002, Bill’s 80 year old mother, the family matriarch and owner of the family business, retired and signed the shop over to Bill. At that time, Bill’s mother also gave him a one-time gift of $1,000,000.
Bill has a history of depression and anxiety disorders, and has been prescribed antidepressant medication off and on for 15 years. He has no history of drug or alcohol dependence and no major health problems.
Bill and his wife started to travel to Atlantic City in the early 1990s, about twice a month, to play blackjack and take in a show. Their gambling started mostly as a lifestyle choice, and throughout the 1990s, Bill and his wife gambled without problems. In 2001, Bill and his wife started going to Foxwoods casino in Connecticut, and early in their visits, Bill won a large jackpot of $20,000. In 2002, when his mother gave him the business and the cash gift, Bill and his wife’s gambling escalated from twice per month to every weekend.
Bill, the shop owner
Current status of presenting problem

As Bill, in particular, and his wife spend more money on gambling, they were comp’d for hotel rooms and meals, and frequently stayed at the casino for long weekends. Eventually, Bill began to realize he was burning through his cash. This upset him very much, and he began to make “strategic” bets to make back some of the money he had lost. He also hid these bets from his wife. These attempts only served to dig Bill into a deeper hole, and within a year he had spent the million dollars his mother had given him.
Bill, the shop owner
The critical point

Devastated by the loss of his mother’s gift, he continued to try to win the money back, but his earnings from the business were insufficient for the purpose. He started skimming money from the business, and also took out a marker at Foxwoods to continue his gambling. Bill’s depression over his financial situation continued to grow. He never told his wife about the loss of the money, but suspected she knew there was a problem.
Case Study
Things to think about

What are the crisis/clinical issues?

What legal/ethical issues are present?

What is your diagnosis?

What disorders are primary/secondary?

What would your treatment plan be?

How would you address gambling within the context of co-occurring disorders?
References


Thank you