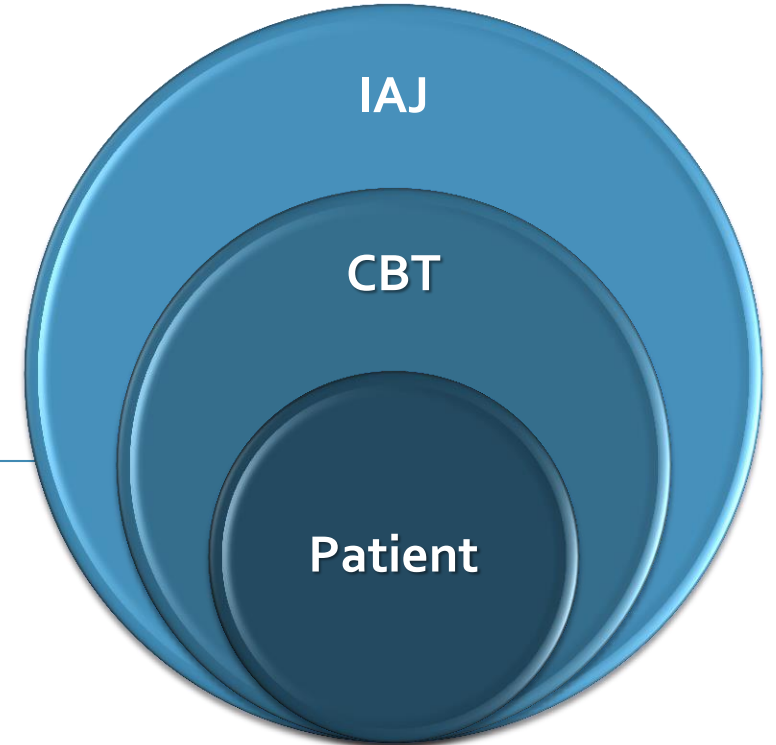


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Lisbon Congress Center



The importance to formulate a therapeutic
contract in pathological gambling treatment:

An empirical study

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Background

Gambling disorder (both online and offline) is a **generalized public health problem.**



It incurs **personal and family costs** (e.g. problems with relationships, communication, finances and work) associated with **psychiatric comorbidity** (e.g. depression, anxiety, personality disorders).



Cognitive Behavior Therapy (**CBT**) **shows good results in various areas related to behavior addictions** (Patrão & Sampaio, 2016).



As far as we know, **there are no CBT intervention studies using Portuguese gamblers as a sample.**

Background



In 2017, **Portugal had 0.6% probable pathological gamblers** (2 times more than in 2012) **and 1,2%** (4 times more than in 2012) **of people** over 16 years old **with some problem gambling** (SICAD, 2017).

Portugal follows other European and “Western countries” in that it shows very similar results concerning the overall increase of gambling, both online and offline (i.e. prevalence of problem gambling, predictors, comorbidities) (Hubert, 2015).

Background

The Portuguese Gambler Support Institute (**IAJ**) is a **private and independent organization centered on problem gambling treatment, helpline coordination, training, supervision and research**. The IAJ started to develop an individual intervention protocol, based on CBT techniques, that has been applied to online and offline gamblers since 2006 (Hubert, 2016).

A **Therapeutic Contract (TC)** was established as a **set of guidelines to be negotiable**, accepted and followed by patients (i.e. self-exclusion, access to money controlled by a person they trust) while also including the psychotherapeutic sessions in the CBT approach.

Study goal

The aim of this study is to **evaluate the efficacy of the usual CBT intervention protocol**, with special focus on the initial **Therapeutic Contract**, and **reasons for relapse**, with a view to establishing a treatment program for Portuguese problem gamblers.

Method

Participants

- **71 participants**
- female = 10 (mean age = 50.3; SD = 12.0);
- **male = 61** (mean age = 33.4; SD = 10.30);

Instruments

- 1- The evaluation protocol: **Sociodemographic and Gambling Behavior Questionnaire** (Hubert, 2015);
- 2- **SOGS** (Lesieur & Blume, 1987);
- 3- **Therapeutic Goals Contract** (Hubert, 2010)

Procedure

- The 71 participants were voluntarily recruited by the IAJ and **fulfill an evaluation protocol before the CBT intervention (moment 1)** and for at least **6 months (or 15 sessions) after the intervention (moment 2)**. This is agreed and embodied in a Therapeutic Contract during their first session.

During treatment, the central focus was on the following

- a) Therapeutic Contract
- b) **CBT strategies** regarding **relationships with significant others**, life and gambling history, beliefs and **cognitive distortions, behaviors and patterns of gambling** triggers, **management of stress** and emotions, life skills development, relapse prevention, family meetings, *et cetera*, following our treatment program.

Method

Therapeutic Contract for 6 months Goals/Guidelines

	Yes	No	Maybe
1) To prepare and meet a debt repayment plan			
2) Total abstinence from any kind of (money) gambling			
3) Avoid people, places and situations related to gambling			
4) Self-exclusion from physical or virtual gambling (facilities/sites)			
5) Limit/control access to money/cards/checks, etc.			
6) Having significant others/family involved in the treatment			
7) Participate in individual and group psychotherapy sessions (15 in 6 months)			
8) Read and do therapeutic exercises			
9) Participate in meetings of self-help groups (GA groups)			
10) Be contactable/reachable			

Consequence chosen by patient, if relapse or failure to fulfill contract terms during treatment:

Examples given: go to inpatient treatment, do not see the grandchildren, etc.

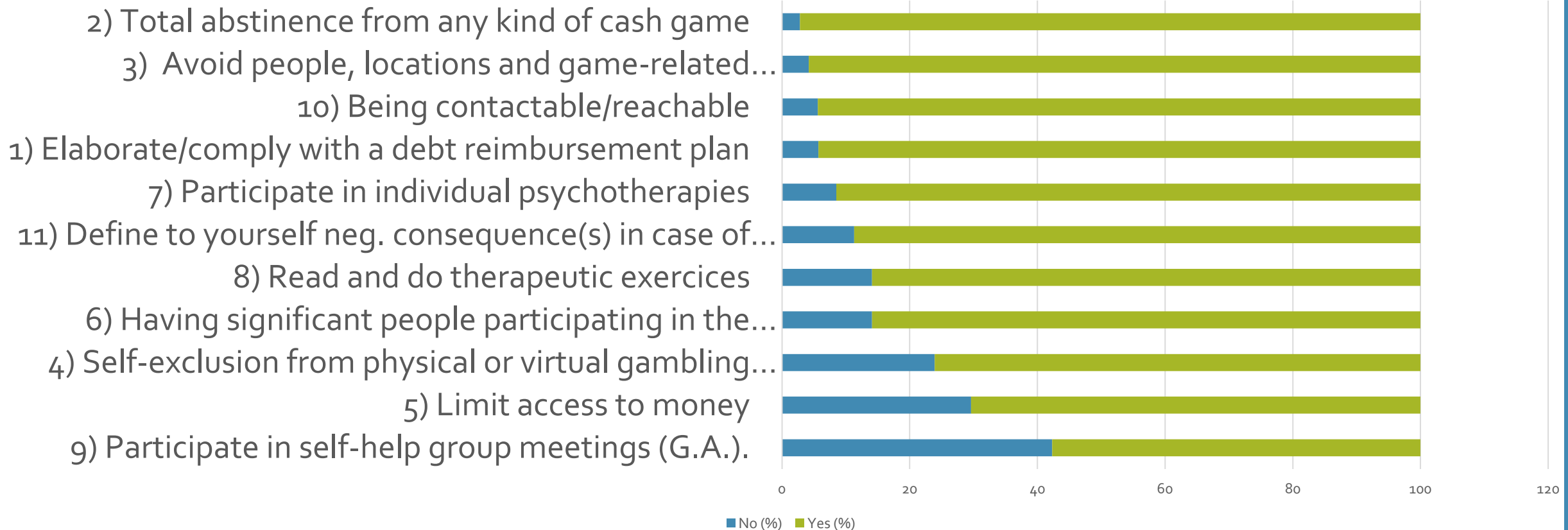
- 1) _____
- 2) _____
- 3) _____

Signature: _____

Date: _____

Method

Adherence of the subjects to the T.C.



Results – Total Sample

Sample characterization

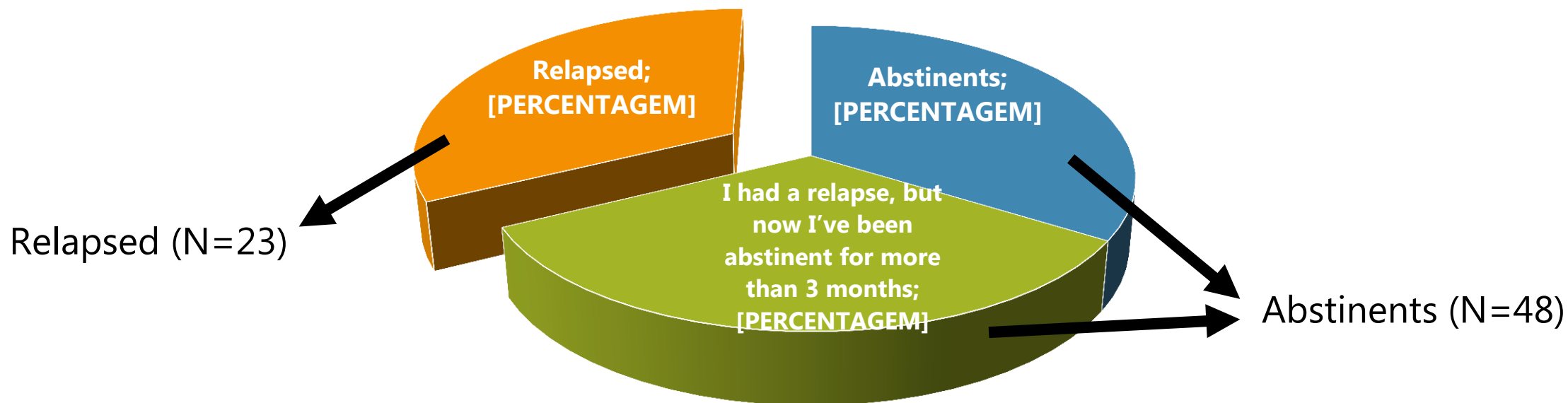
Variables	Labels	%
Gender	Men	92,3
	Women	7,7
Education	1-4 years	1,4
	5 – 9 years	9,9
	10 – 12 years	22,5
	Licenciados	42,3
	Master's	19,7
	PhD	2,8
	Professional qualification	1,4
	Job	No
Yes		69,2

Results – Total Sample

Sample characterization

Variables	Labels	%
Professional category	Military	4,8
	Entrepreneurs and managers	14,3
	Intellectual and scientific	52,4
	Intermediate technicians	4,8
	Administrative	9,5
	Salespersons	14,3
Annual income	< 10.000	1,5
	10,001 a 15.000	4,5
	15.001 a 25.000	30,3
	25.001 a 40.0000	31,8
	40.001 a 60.000	21,2
	60.001 a 100.0000	10,6
Marital relationship	No relationship	26,8
	With relationship	73,2
Locale	Rural	12,7
	Urban	71,8
	Suburban	15,5

Results – Clinical Groups

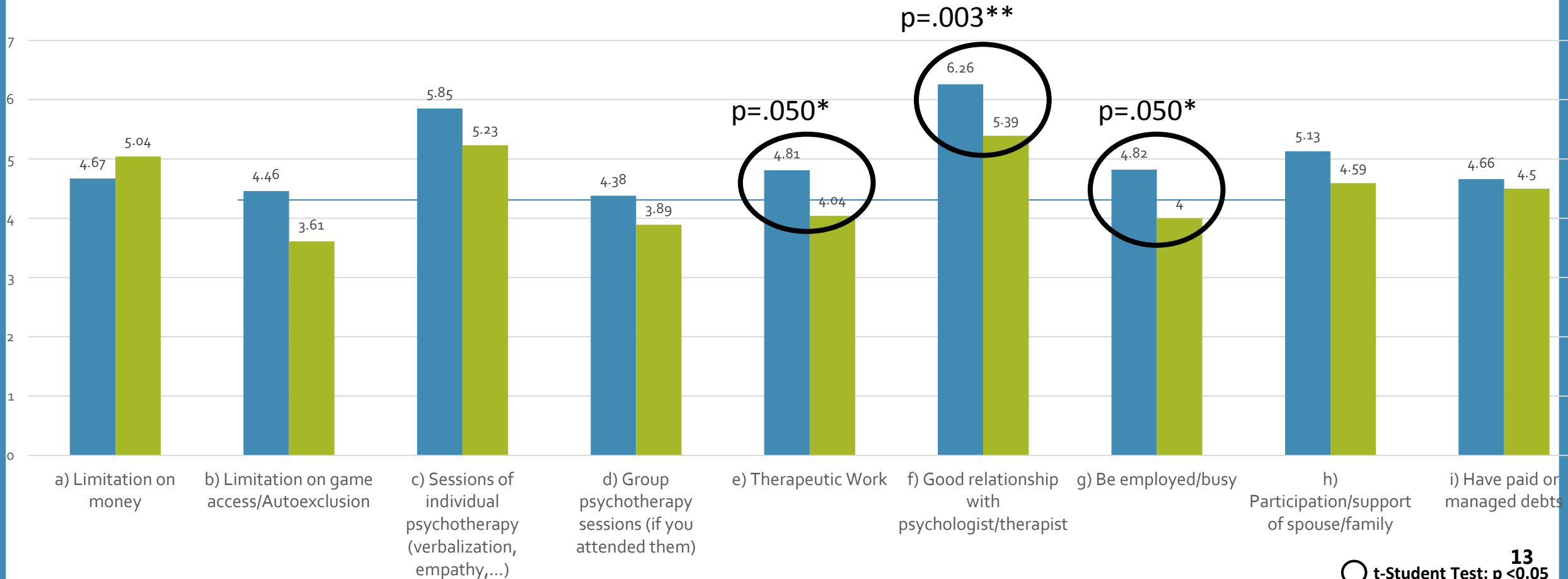


- No, never (Abstinent)
- Yes, a lapse, but I've been abstinent for over 3 months (Abstinent)
- Yes (Relapsed)

Results – Total Sample

Question 3. Which of these items had the **most positive impact on your treatment?**
3. How would you rate that impact on a scale of 1 to 7?

■ Abstinent ■ Relapsed

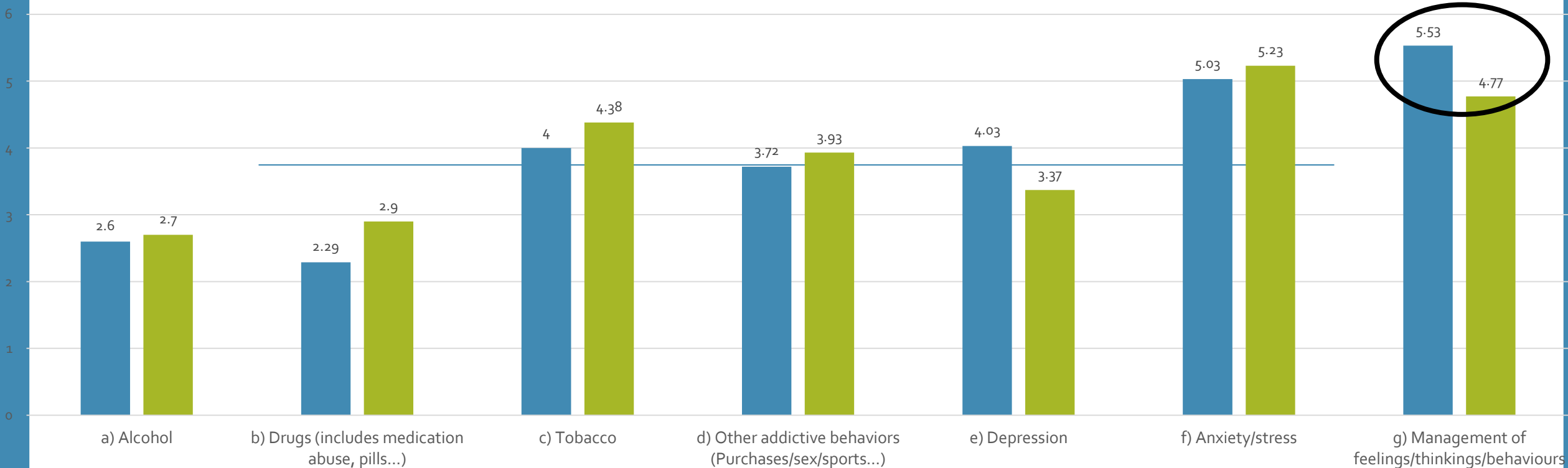


Results – Total Sample

Question 4. **During** this gambling **abstinence** did **you** experience excess or **have** **problems** with any of these items?

4. How would you rate that impact on a scale of 1 to 7?

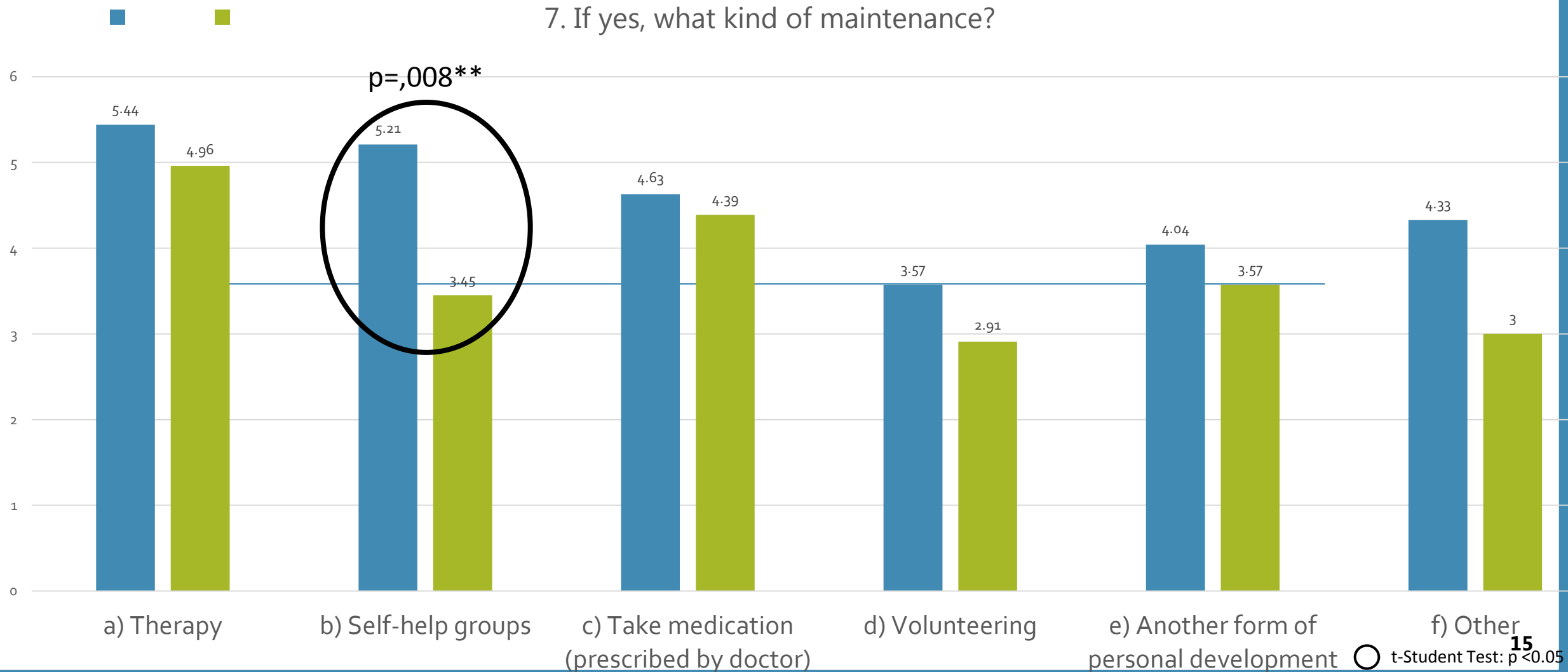
■ Abstinent ■ Relapsed



Results – Total Sample

Question 7. Do you feel that you need **to ensure some kind of maintenance in order to have sufficient quality of life or to prevent relapse?**

7. If yes, what kind of maintenance?

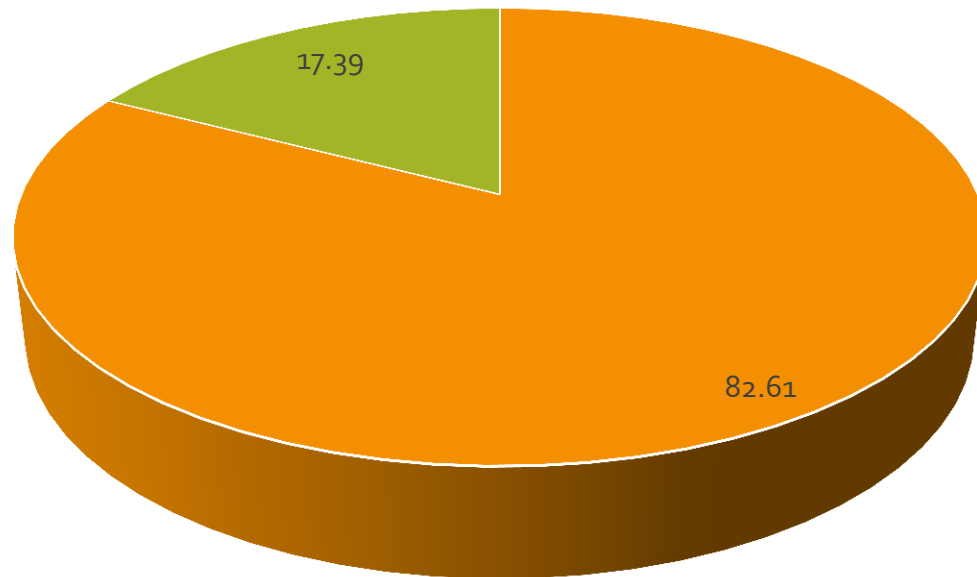


Results – Total Sample

Question 5. Do you **attend self-help groups** (Gamblers Anonymous)?

Relapsed

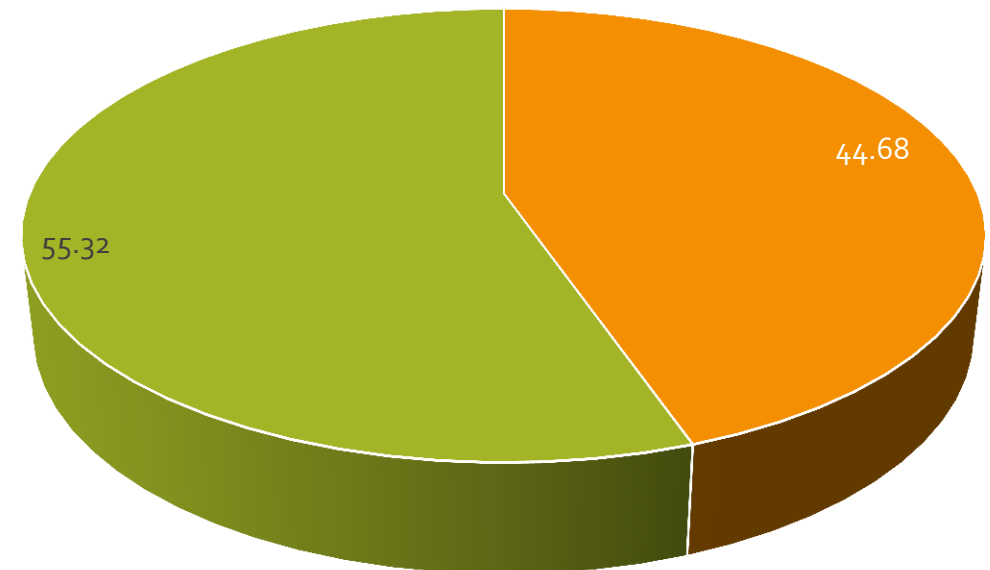
5. Do you attend self-help groups?



■ No (%) ■ Yes (%)

Abstinent

5. Do you attend self-help groups?



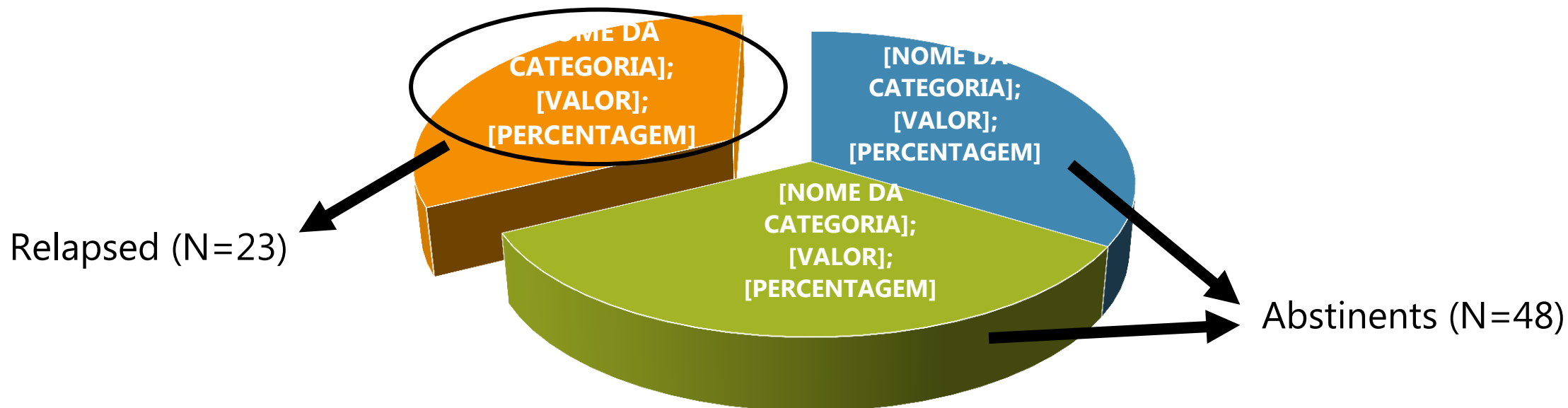
■ No (%) ■ Yes (%)

About Relapse



Results – Clinical Groups

Question 8. Have you had any relapse?



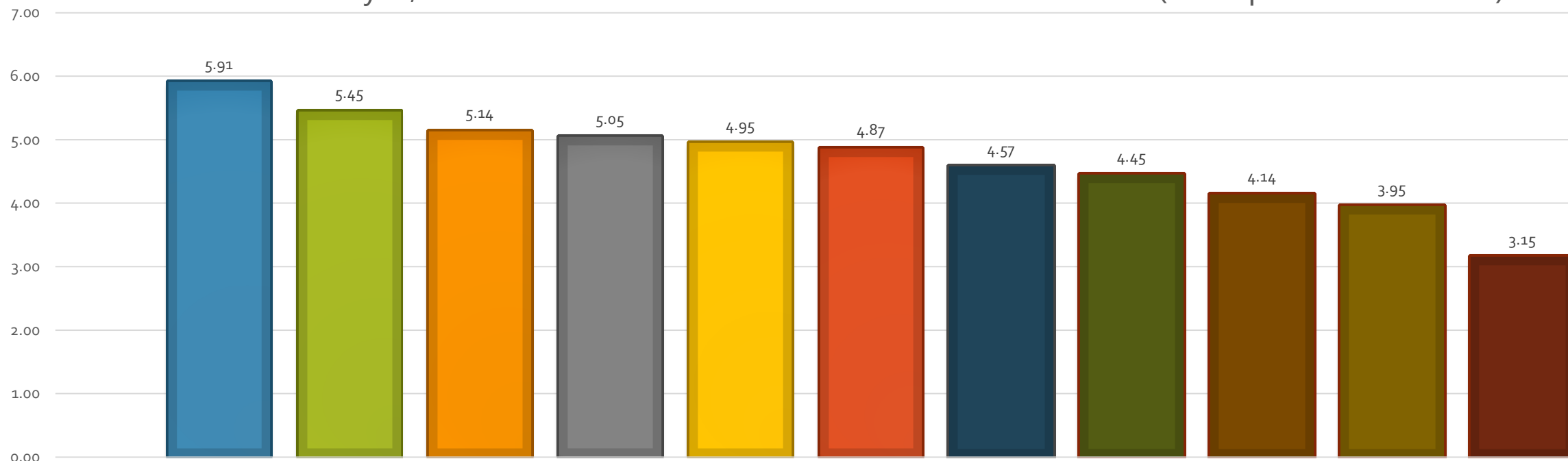
- No, never (Abstinent)
- Yes, a lapse, but I've been abstinent for over 3 months (Abstinent)
- Yes (Relapsed)

Results – Relapsed Subjects

Question 9. **Which** of these **factors** contributed to your relapse?

9. If yes, how intense is this contribution?

(Therapeutical Contract)



■ e) Do not limit/control cash access/cards/cheques, etc.

■ b) No total abstinence from any kind of cash game.

■ a) Do not elaborate or comply with a debt reimbursement plan.

■ i) Do not participate in self-help group meetings (J.A.).

■ h) Do not even read therapeutic work.

■ j) Not be reachable.

1

■ g) Do not participate in individual psychotherapies/regular group.

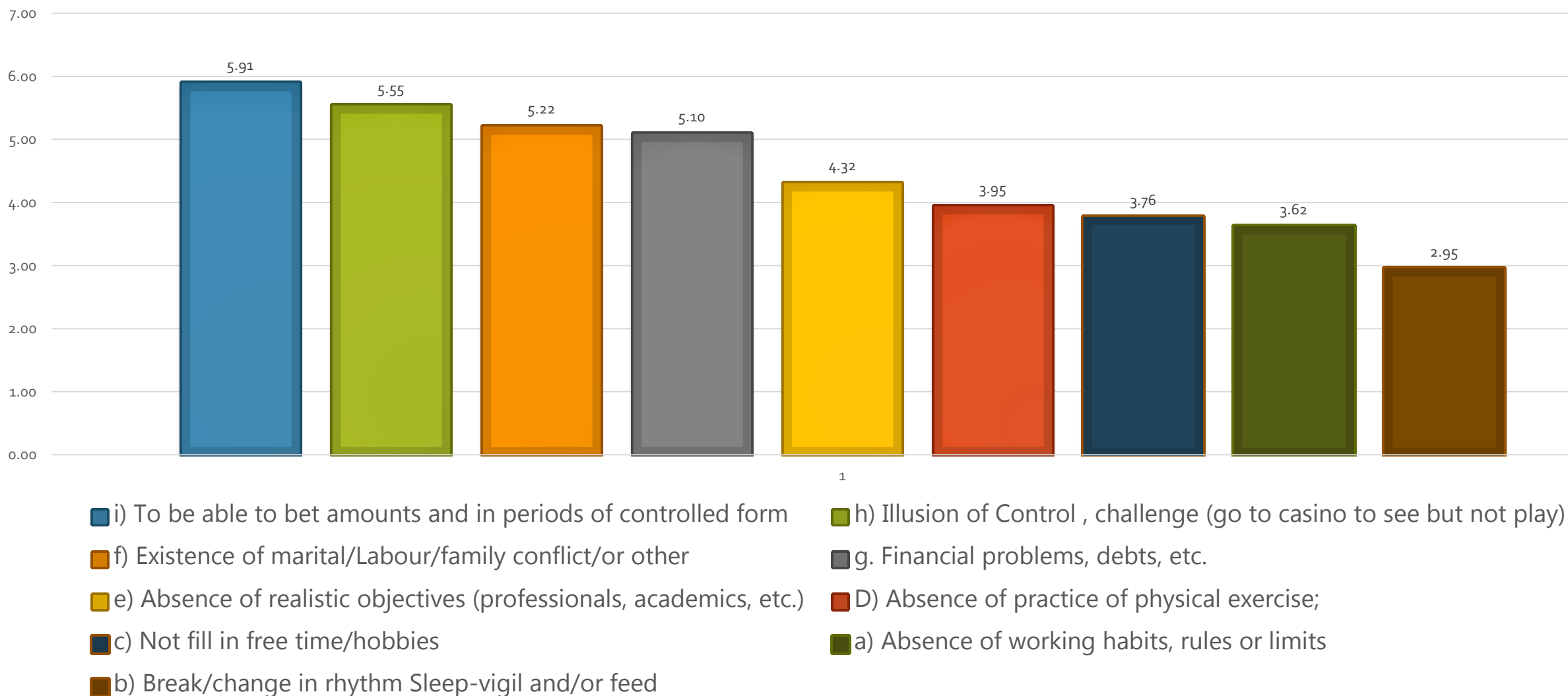
■ k) Do not define to yourself neg. consequence(s) in case of relapse

■ c) Do not avoid people, locations and game-related situations.

■ d) Do not ask for opt of physical or virtual gaming sites.

■ f) Do not have significant people participating in the treatment.

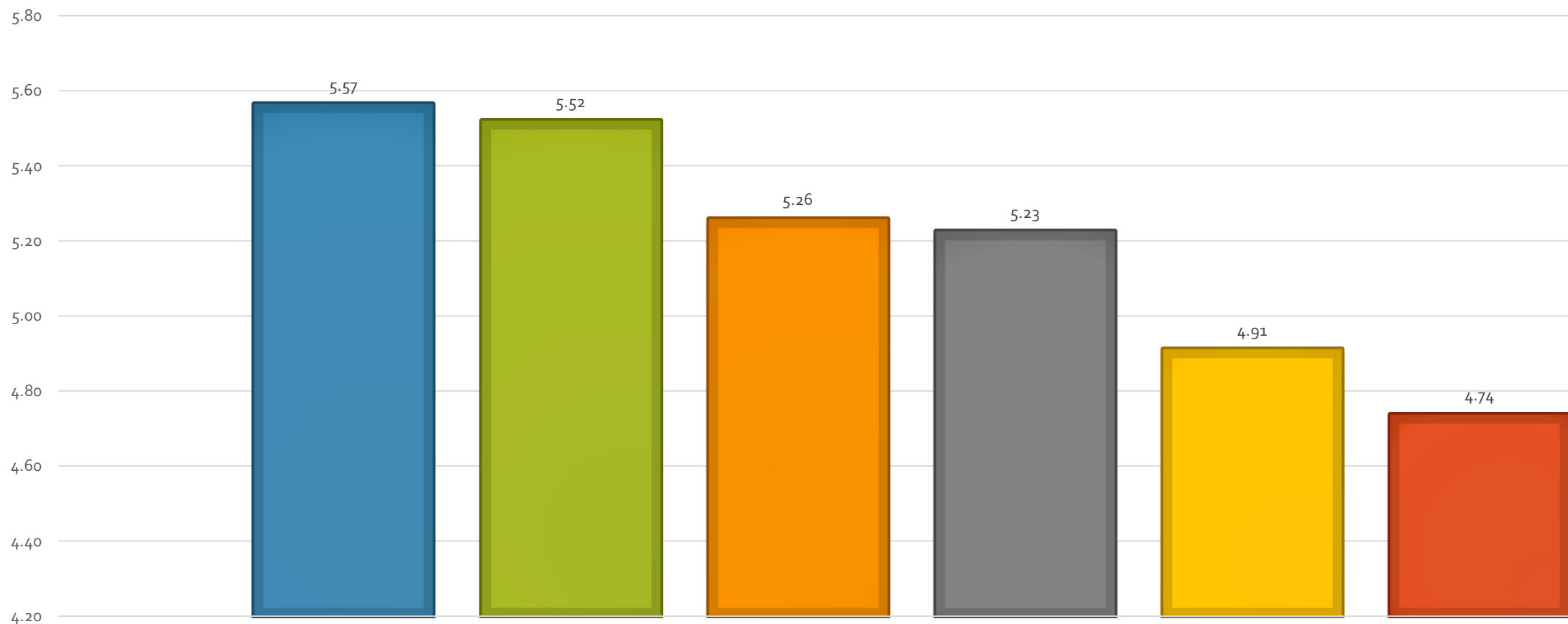
Question 10. **Other factors** potentially precipitating relapse?
 10. If yes, how would you rate that influence?



Results – Relapsed Subjects

Question 11. **What affected** you most in the relapse experience?

11. Rate that intensity on a scale of 1-7.



f) Return of obsession, compulsion and impulsiveness to gambling

e) Self-criticism, self-devalue

b) Shame (disability, inadequacy, inferiority, etc...)

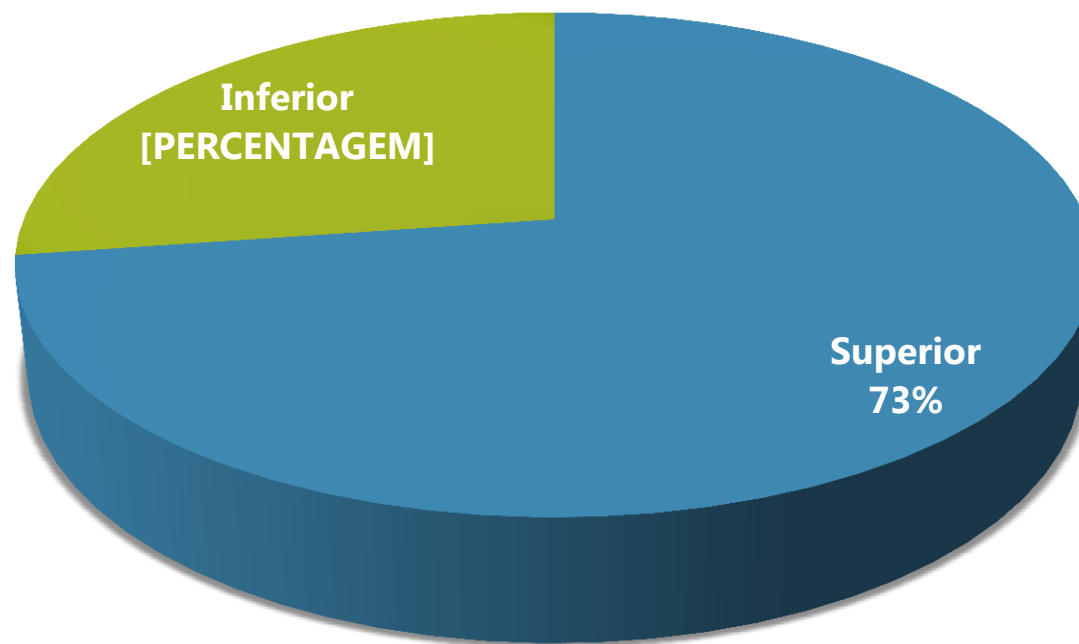
c) Face family, therapist, GA members, friends, etc...

a) Losing time of abstinence

d) Frustration

Results – Relapsed Subjects

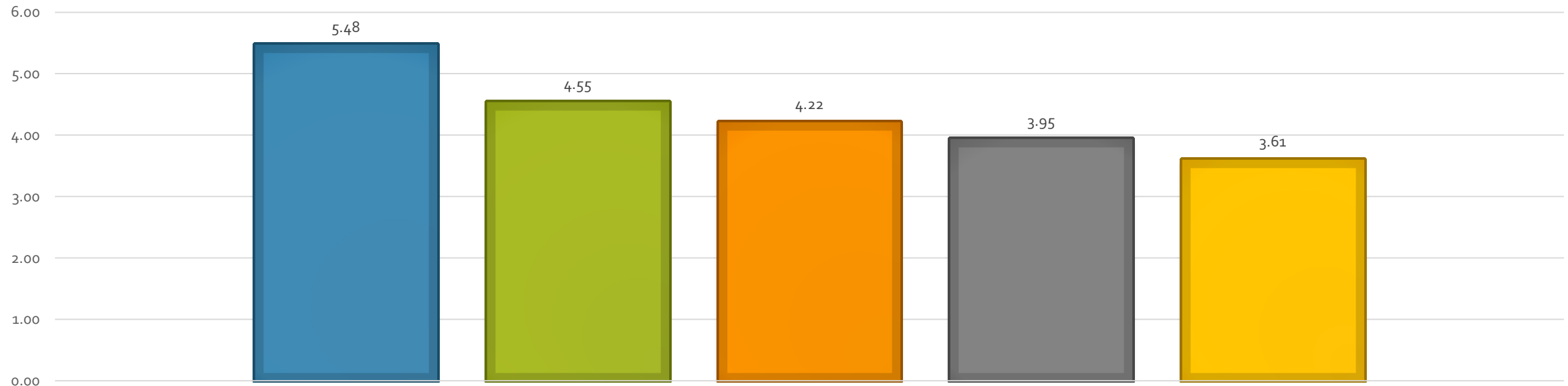
Question 12. Was the **suffering** you felt **after the relapse** inferior (less) or superior (more) than your previous gambling experience?



■ Superior ■ Inferior

Question 13. Did any of the following **situational factors** have an influence on your relapse?

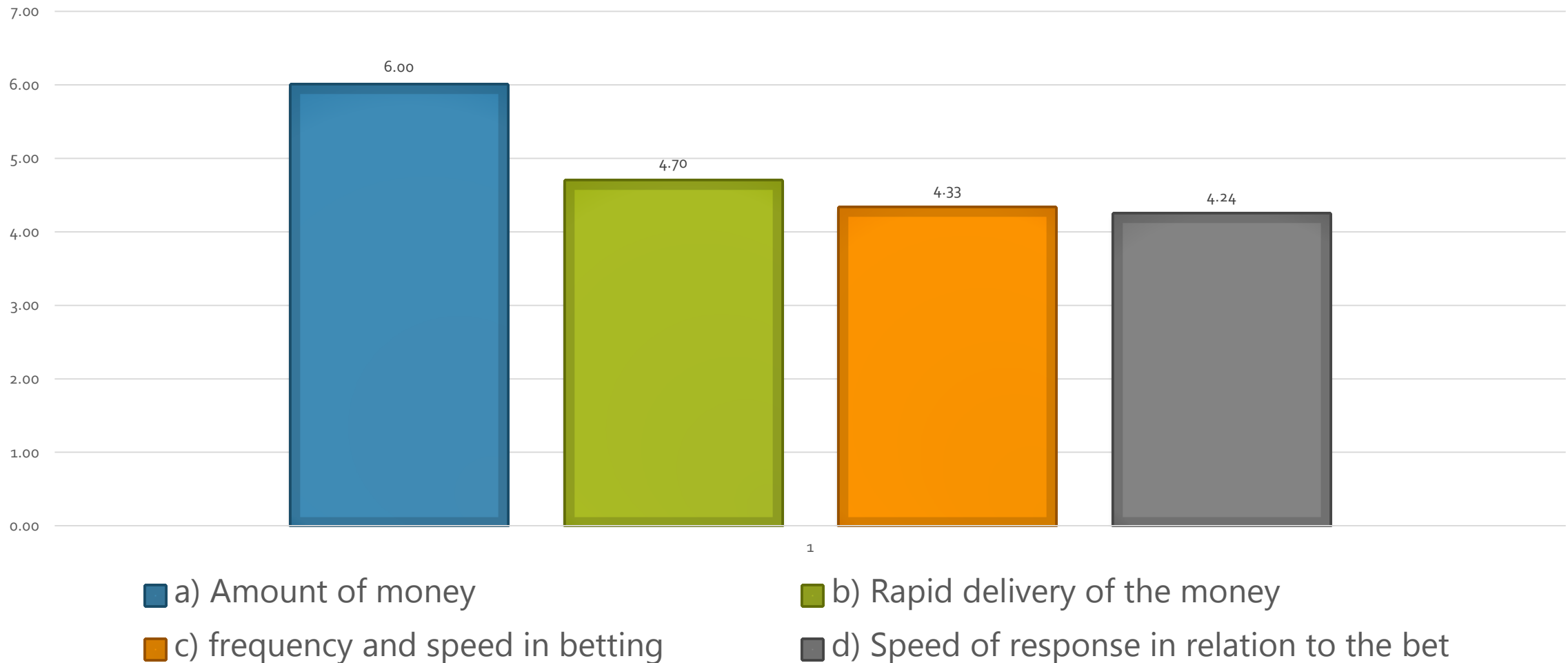
13. If yes, how would you rate that influence? Likert scale 1 to 7



- e) Accessibility, diversity and availability
- a) Marketing and advertising stimulus to game practice
- d) Culture of acceptance and promotion of the game
- b) Peer pressure, friends, co-workers, family,...
- c. Facilitating legislation

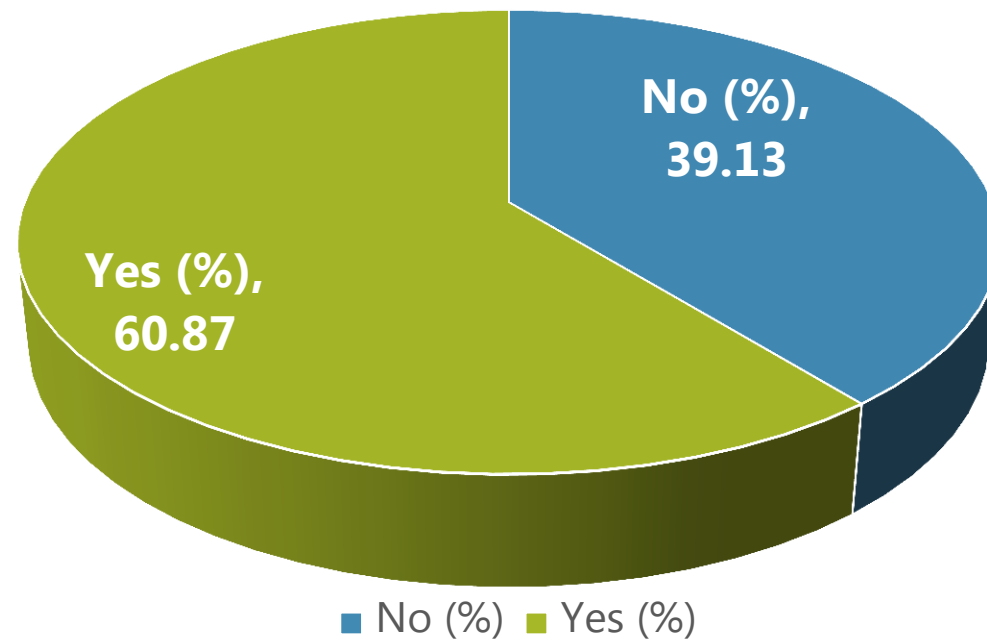
Results – Relapsed Subjects

Question 14. Have any of the following **structural factors** influenced your relapse?
14. If yes, what is the existing degree of that influence?



Results – Relapsed Subjects

Question 15. **During** your **relapse** did you gamble on your **previously favorite game?**



Statistical Significant Differences between abstinent and relapsed groups Overview

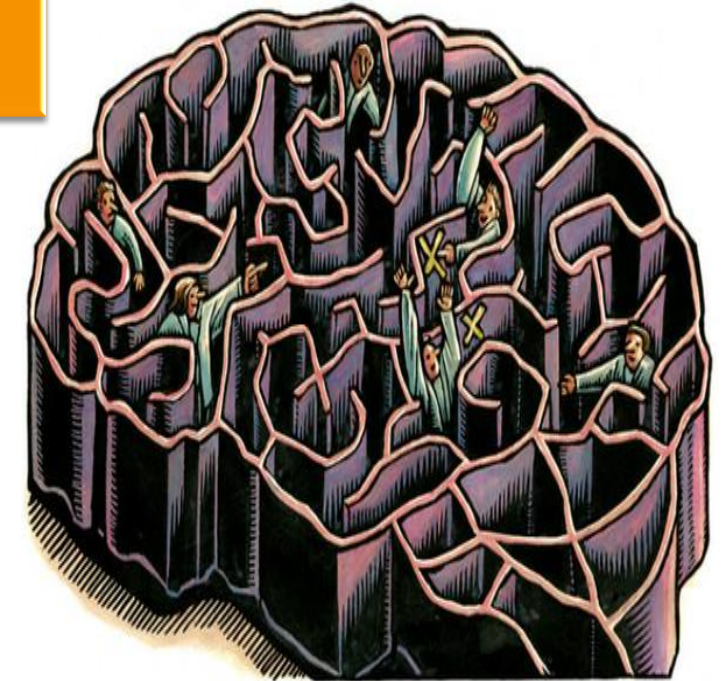
1) Good relationship
with psychologist
 $p = .003^a$

2) Coping with
feelings, thoughts and
behaviors
 $p = .008^a$

3) Attending self-help
groups (Gamblers
Anonymous)
 $p = .008^a$

4) Doing requested
therapeutic
exercises/tasks
 $p = .05^a$

5) Having a job
 $p = .05^a$



a) More scored by abstinent group

Therapeutic Contract Results Overview

Abstinent Group scored + on reasons to abstinence



- 1) **Good relation with psychotherapist.**
- 2) **Psychotherapy attendance**
- 3) **Family/spouse support**
- 4) **Psychotherapeutic tasks**
- 5) **Having a debt repayment plan**

Relapsed Group scored + on reasons to relapse



- 1) **No limit of access to money**
- 2) **No psychotherapy attendance**
- 3) **No total abstinence from money gambling**
(trying to manage betting/illusion of control)
- 4) **No defined consequence in case of relapse**
- 5) **Marital conflicts**

CBT Results Overview

Abstinent Group scored + on reasons to abstinence



- 1) Strategies to coping with feelings/thoughts/behaviors
- 2) Attending to psychotherapy sessions
- 3) Taking (prescribed) medication
- 4) Attending self-help groups

Relapsed Group scored + on reasons to fail abstinence



- 1) Anxiety/stress
- 2) Not attending to psychotherapy sessions
- 3) Difficulties in coping with feelings/thoughts/behaviors
- 4) Not taking (prescribed) medication

Clinical Implications

Both the abstinent and relapsed groups agreed **mostly** with both the **TC Guidelines and treatment**, as well as how important it was to follow them (and the reasons for relapses).

Knowing **what to** do... the focus becomes on **how to manage it** on their personal context.

Most variables chosen by patients are on a personal development area but **“external CT guidelines” may become the structure to better prepare/involve them in effective treatment changes.**

Discussion

Informing and giving awareness to new patients about these results **may be beneficial** (i.e. relapses may start with demo play, trying to control betting, self-help groups).

Working these guidelines **(TC)** , treatment variables and **beliefs/causes/consequences of relapse** with patients **may** be effective for treatment success and **prevention of relapse**. This may **contribute to** improved adherence to treatment and a **better prognosis**.

Limitations

These **self-questionnaires were** mostly completed at the clinic but some were **answered by phone or email**

More focus should have been given to patients with prescribed (or unprescribed) **medication.**

We took 3 months as the threshold to consider a patient as abstinent, but we could not find any scientific literature to support this. Doubts may occur as to whether to include this group as in abstinence or relapsed. We included it in the abstinent group.

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Thank you for your attention