Dual Diagnosis and Pathological Gambling

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Topics to be discussed

- Pathological gambling and Health
- Pathological gambling and Mental Health
- Assessment
- The Basic CBT Model
- Modifications for Different Disorders
Poor Health and Pathological Gambling

Source: NORC, 1999
Inpatient Hospitalization Among Gamblers (Indiana, 1998)

Source: (Westphal, Rush & Stevens, 1998)
Medical Problems Among Pathological Gamblers - 1

- Depression
- Intestinal Disorders
- Cardiovascular Problems
- High Blood Pressure
- Migraines
- Stress-related Disorders
- Allergies
- Respiratory Problems
- Oral-Dental Disease
- Nerve-Sensory System Disorders
Health & Problem Gambling-2

2006 National Epidemiological Survey on Alcoholism and Related Conditions

- 43,000 Americans surveyed in 2006
- Pathological gamblers had higher rates of:
  - Anxiety disorders; depression; alcohol & substance abuse; cigarette smoking
  - Stress-related health issues like hypertension and migraines
  - Liver disease, high blood pressure, high heart rate and angina after controlling for demographic characteristics, obesity, cigarette smoking, and mood and anxiety disorders
Medical Problems Among Pathological Gamblers - 3

- Neurological studies point to poor performance on gambling tasks when there is brain damage & disease
- Case reports with Huntington’s disease
- Parkinson’s Disease (PD) patients have higher rates of Pathological Gambling
  - 12/250 (5%) PD patients
  - 17/388 (4.4%) PD patients
  - 26/203 (13%) PD patients vs. 7/236 (3%) ALS patients
- 9 out of 1,884 PD patients (1%) chart review – this method would underreport
- 13/140 (9.3%) PD patients with problem or pathological gambling
- Case reports with dopamine agonists & Restless Leg Syndrome
- Case reports with dopamine agonists & Fibromyalgia
Medical Problems Among Pathological Gamblers - 4

- PG associated with high dopamine agonist levels (all new cases of PG had this association in one study)
- Personal or family history of alcohol use disorders associated with greater risk when using dopamine agonists
- PG associated with DRD2 and DRD4 receptor sites in genetic studies, DRD3 in one PD study
- Increased activation of reward seeking, reduced inhibition of impulsive drives and increased cravings have been shown in one study of PG with PD vs. PG without PD – neuroimaging study
What to do with Parkinson’s & Restless Leg Syndrome

- Get in contact with the neurologist or PCP
- Mention the relationship between PG and dopamine reward pathway (most neurologists are aware)
- Mention that dopamine agonists have been found to be association with PG.
- Work with the spouse, significant others.
- Discuss feelings of dependency & loss of employment in therapy for PD-PGs as well as fibromyalgia.
- Advocate for self-exclusion & control over finances when appropriate (problems with shifting set for PD-PGs)
Pathological Gambling Among Mental Patients

- VA Psychiatry Unit: 12%
- VA Inpatient & Detox: 16%
- Private Hospital: 7%

Diagram illustrating the percentage of pathological gambling among mental patients in different units.
Mental Health and Gambling Problems -- NORC, 1999

Depressive & Manic in lifetime; Others Past Year

- Mentally Troubled: PGs 42, Non-Gamblers 11
- Depressive Episode: PGs 29, Non-Gamblers 1
- Manic Episode: PGs 33, Non-Gamblers 1
- MH Treatment: PGs 13, Non-Gamblers 5
Clinical Studies of PGs & Mental Illness

- Studies find similar results:
- 32% to 78% with MDD
- 8-24% bipolar disorder (& hypomonic)
- 27-38% with anxiety disorders including PTSD, phobias and panic disorder
- High rates of ADD and ADHD
- Studies point to wide range of personality disorders with Cluster B the most frequent followed by Cluster C.
Physical & Sexual Trauma

- 23% of male VA inpatients (1987)
- 33% mixed gender Minn. outpatient (1996)
- Studies including emotional trauma
  - 82% of women/32% of men Maryland outpatient
  - 100% of women/61% of men Indiana inpatient (only 9 women in sample)
- PG associated with high rates of both perpetration and victimization of dating violence, marital violence, and severe child abuse (2009)
Pathological Gambling Among Substance Abuse Clients

- Substance Abuse Low: 9%
- Substance Abuse High: 14%
- Methadone Low: 9%
- Methadone High: 20%
Moderate/Problem Gambling Among Substance Abuse and Mental Disorder in Canadian Population (n=36,885)

SA=substance abuse; SD=substance dependence; MD=mental disorder

Process Addictions and Problem Gambling

- Compulsive buying
- Shoplifting/theft
- Sexual addiction
## Dysfunctional Behaviors Among Ontario Women Who Play Bingo

Boughton & Brewster (2002)

<table>
<thead>
<tr>
<th>Process Addiction</th>
<th>Current/Past – Bingo Players (n=69)</th>
<th>Current/Past – Slots Players (n=96)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsive Shopping</td>
<td>36/69=45%</td>
<td>19/96=49%</td>
</tr>
<tr>
<td>Shoplifting</td>
<td>9/69=30%</td>
<td>4/96=16%</td>
</tr>
<tr>
<td>Sexual Behavior</td>
<td>13/69=33%</td>
<td>6/96=26%</td>
</tr>
</tbody>
</table>
Pathological Gambling in Substance Abusers and Sexual Risk Taking -- Petry

- Higher SOGS associated with >50 sex partners
- SOGS associated with exchange of sex for money/drugs
- SOGS associated with anal intercourse
- Ergo – PG & Substance Abuse may increase risk for AIDS
Psychiatric Disorders in Rhode Island Problem Gamblers (%)

(Total number of patients is 136)
Suicidal Ideation Among Gamblers Anonymous Members

Suicidal Ideation:
- Wanted to Die:
  - Illinois: 79
  - Wisconsin: 81
  - New Jersey: 79
  - Connecticut: 71
- Contemplated:
  - Illinois: 66
  - Wisconsin: 70
  - New Jersey: 48
  - Connecticut: 57
- Planned:
  - Illinois: 45
  - Wisconsin: 55
  - New Jersey: 44
  - Connecticut: 43
- Attempted:
  - Illinois: 16
  - Wisconsin: 24
  - New Jersey: 13
  - Connecticut: 16
SUICIDE AND DUAL TROUBLE

Source: Kaplan & Davis, 1997 Addictions Foundation of Manitoba
Suicidal Ideation of Pathological Gamblers by SOGS Score (Pct)

- Wanted to Die: 85
- Contemplated: 76
- Planned: 49
- Attempted: 6
1. Assess Alcohol/Drug Use
2. Assess Need for Medication
   - lethargic? manic? schizophrenic?
   - best not to make referral too soon unless disabling (if in doubt, refer)
   - educate about gambling-related depression
   - withdrawal may mimic depression
   - differential diagnosis issues
   - revisit suicidal/homicidal ideation (refer if yes)
Problem Gambling and Mood Disorders

Gambling

Mood

Lose

Win

Depression

Euphoria

Can’t gamble
Extended Assessment (Maurer)

Hospital referral

A. Detox (if actively using drugs will relapse)

B. Inpatient Psychiatric
   - Actively suicidal/ homicidal
   - Floridly manic (evidence apart from gambling)
   - Psychotic (not just confusion and disorientation produced by gambling difficulties)

C. Inpatient Gambling Program (none locally available)
   - Needs safe environment to avoid illegal acts
   - Outpatient treatment failure
Extended Assessment (Maurer) continued

Issues to Avoid Early in Treatment

A. Early Life Issues
B. Trauma
C. PTSD
D. COA / COCG issues
E. Harm to Children (may promote excess guilt) – unless needed to motivate client
The Basic CBT Model

- Motivational interviewing -- Join with the patient – Discuss stages of change and find ambivalence
- Costs-Benefits
- Triggers
- Experience Cycle
- Leisure Activities
Basic CBT Model cont’d

- Randomness, randomness, randomness
- Safe@Play (for slots players and as relapse prevention)
- Gambling specific cognitive distortions – use GABS, T-BAGS, etc. (zero in on their gambling preferences)
- Relapse prevention
  - Planning, planning, planning
- Schema questionnaire and schema focused therapy
RIGTP Treatment Guidelines

Motivational Interviewing-- “Meet ‘em where they’re at”

- why are they seeking treatment NOW?
- how ambivalent are they?
- let them know they are not alone/crazy
- discuss how people change (Stages of Change)
- assess THEIR goals
- ACCEPTANCE: un-manageability, $$
Stages of Change
Prochaska & DiClemente

- Precontemplation -- Resisting Change
- Contemplation -- Change is Needed
- Preparation -- Readying for Change
- Action -- Time to change
- Maintenance -- Continue Change
- Relapse -- What did person learn?
RIGTP Treatment Guidelines

Cost/Benefit Analysis

- consequences/benefits of changing or not changing
- write it down!
- resisting urge to gamble: delay 15 minutes, review C&B, make decision
- Understand triggers
Coping Skills
“The Experience Cycle”

- Event
- Thoughts
- Options
- Impulse
- Choice
Conduct Behavioral Analysis Using Experience Cycle

- Events
- Thoughts
- Feelings
- Impulses – TURTLE – stop…breathe…think for 15 minutes then decide
- Options – what options are there for dealing with the situation? Get them to list at least 8 options using a pie chart
- Choices – be rational, logical, recognize consequences
Early Treatment Guidelines

You’re not gambling, now what?
- Leisure Activities
- Make Plans for free time
- Involve family/friends: “coming clean”
- Relapse Prevention
Leisure Activities

- Non-gambling
- Non-substance using
- Inexpensive (videos at library; reduced price cinemas)
- Focus on time when they typically gambled
- Increase social contact
- Alternative activities
Cognitive Focus

- Gambler’s Irrational Beliefs
- “Suck the fun out of it”
- How random events dictate outcome
- slot machine tutorial
- While I am speaking about slots, the focus on rational thinking also applies to horses, scratch tickets, sports betting, Blackjack, roulette, poker, etc.
Safe@Play Slots Tutorial

The safe@play Slot Machine tutorial
Go ahead, play the slot machine. Then check out the menu items below.
Changes for Dual Diagnosed Clients

- More sessions needed because of complex PG
- Need to be flexible about progress through the CBT model
Structure of the Session - 1

- Any pressing issues this week? (set aside time)
- “Any gambling?” “any Powerball?” etc.
- “Any alcohol?”
- “Feeling depressed/suicidal?”
- If suicidal – focus on instilling hope; assess risk
- Experience cycle for gambling, alcohol, etc.
- CBT for depression, anxiety, assertiveness, etc.
Structure of the Session - 2

- Ask about GA, AA, NA meeting attendance – steps; sponsor
- Ask about homework and go over it
- Discuss new topic.
- Introduce new topic or decide to continue old topic next session; assign homework
Psychotic Disorders

- Medication management
- Double stigma, increased shame
- CBT therapy after medication is managed; offer alternative explanations
- May need a payee if buying scratch tickets
- Family involvement when possible
- Assess Ability to participate in GA
Depression

- CBT oriented
- First focus on suicidality (thoughts of death, suicidal ideation, plans, attempts) – Do not focus on cost/benefits of gambling until stable
- Activity – get the person active – move leisure activities up sooner
- Discuss CBT model and separate out thoughts, feelings, and behaviors
- Get person to identify how she/he thinks
Mind over Mood
D. Greenberger & C. Padesky

Event → Thought → Mood

Physical Reaction → Thought → Behavior
## Distressing Thought Record

<table>
<thead>
<tr>
<th>Event</th>
<th>Mood</th>
<th>Automatic Thoughts (Images)</th>
<th>Evaluate evidence supporting hot thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deceased Mother’s birthday</td>
<td>Lonely; Depressed 70/100</td>
<td>I’ll always be alone. I can’t stand it.</td>
<td></td>
</tr>
</tbody>
</table>
Recording Thoughts and Types of Thinking Errors

<table>
<thead>
<tr>
<th>Thoughts</th>
<th>Thinking Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will always be alone.</td>
<td>“All or nothing thinking” as well as “fortune telling”</td>
</tr>
<tr>
<td>I’m a piece of shit.</td>
<td>Labeling.</td>
</tr>
<tr>
<td>She thinks I’m stupid.</td>
<td>Mind reading.</td>
</tr>
<tr>
<td>I should have a new house.</td>
<td>“Should” statements</td>
</tr>
<tr>
<td>Etc.</td>
<td>Etc.</td>
</tr>
</tbody>
</table>
CBT focus on Core Beliefs and Life Schemas

- Need to challenge core beliefs

- E.g. “If you don’t have money you are a nobody.”
- “If my house is not neat that means I am a slob.”
- “The world is a dangerous place and you have to always be on your guard.”
- “If I fail that is because I did not work hard enough.”
- “If I ask someone to do something for me and I do it, that means I am weak.”
Bipolar Disorder

- Medications need to be stabilized first
- In contact with psychiatrist
- Monitor bipolar symptoms weekly
- MIND over MOOD interspersed with CBT for gambling
- Monica Basco The Bipolar Workbook – CBT for bipolar disorder
Dealing with Anxiety

- Gambling is a SAFETY BEHAVIOR that increases anxiety
- Relaxation exercises; diaphragmatic breathing; progressive muscle relaxation; guided imagery (peaceful place); mindfulness
- CBT focus (mind over mood)
- Hypnotic exposure using SUD hierarchy – only after gambling under control for 2 months or more (6 months if anxiety severe)
PTSD

- Relaxation training and CBT
- Grounding and mindfulness to help with focus
- Exposure oriented therapy only after PG is stable; especially so for complex PTSD.
- Use Mindfulness & DBT for complex PTSD; hypnosis very is useful
ADHD

- Very high rates among PGs
- Do not do homework (often lose it)
- Forget appointments
- I give them pads to write things down
- Emphasize the turtle
- Structure, visual information, structure
- Kohlberg & Nadeau ADD-Friendly Ways to Organize your Life – excellent resource
Personality Issues

- **Schema Focused Therapy** – Jeffrey Young
- Combines CBT with Transtheoretical Model (variety of psychodynamic therapies)
- *Reinventing Your Life* J. Young & J. Klosko – discusses Lifetrap
Lifetraps

- Abandonment
- Emotional Deprivation
- Mistrust/Abuse
- Social Isolation
- Failure
- Defectiveness/Shame
- Subjugation
- Self-sacrifice
- Unrelenting Standards
- Insufficient self-control
- Entitlement

Borderline Personality Disorder

- I use a Dialectical Behavior Therapy focus
- A. Validate, validate, validate
- B. Problem Solving (gambling & other)
  - Mindfulness
  - Emotion Regulation
  - Distress Tolerance
  - Interpersonal Effectiveness
The Multi-Impulsivist Gambler.

ASPD: A Problem without a Solution?
Antisocial Personality Disorder

- Studies point to high rate (15%)
- Minimal evidence that this can be treated with individual therapy
- Can be highly destructive of group process
- Individual therapy is contraindicated but this has not been examined with PG
Anger Management (e.g. damaged video machines)

- Anger as Normal Emotion
- Physiology of Anger
- Stress Management
- Assertiveness vs. Aggression
- DEAR and other DBT interpersonal skills
- Importance of Validation
- DBT and CBT focus
- Role plays
Now What?

- Instill hope
Further Information

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