Evidence Based Techniques in the Cognitive-Behavioral Treatment of Problem Gambling

Matthew D. Andersland, MS

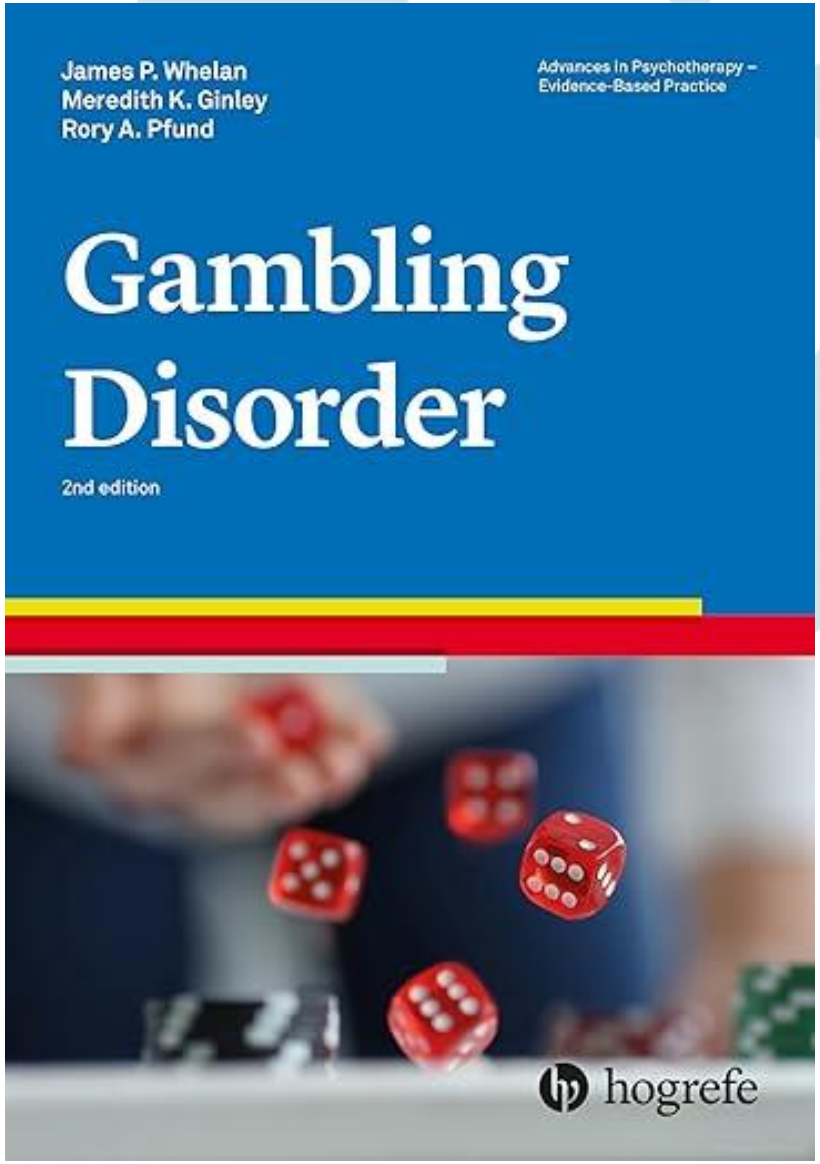
The Gambling Clinic

Tennessee Institute for Gambling Education and Research

Department of Psychology, University of Memphis

TIGER

TGC®
THE GAMBLING CLINIC



Disclosures

- I have no financial conflicts of interest to declare.

- The Tennessee Institute for Gambling Education and Research (TIGER) and The Gambling Clinic (TGC) both receive funding from the Tennessee Department of Mental Health and Substance Abuse Services.
  - Ideas shared in this workshop are informed by the research literature, presenter clinical experience, and ongoing research at TIGER and TGC.

- I have previously received travel funding from the International Center for Responsible Gaming.

Appreciations and Gratitude

Tennessee Institute for Gambling Education and Research

Chance Dow

Learning Objectives

1. Develop case conceptualizations and plan motivationally enhanced cognitive-behavioral treatment for individuals experiencing gambling-related harm

2. Deliver empirically supported change techniques central to motivationally enhanced cognitive-behavioral treatment of gambling-related harm.

Gambling Harm and Problem Gambling

- Can cause harm across domains of a person's life
  - Financial
  - Relational
  - Psychological and emotional distress
  - Decrements to physical health
  - Disrupted functioning at work or school

- **Problem Gambling:** Continued gambling despite significant harm

Langham et al. (2016)

Gambling Disorder

- Continued gambling leading to clinically significant impairment indicated by 4+ of the following criteria in a 12-month period

Escalating wager size to achieve desired excitement

Restlessness or irritability when attempting to quit or reduce gambling

Repeated unsuccessful attempts to quit or reduce gambling

Preoccupied with gambling

Often gambles when distressed

Loss chasing

Lying to conceal gambling involvement

Jeopardized a significant relationship, job, or educational/career opportunity due to gambling

Relies on others to provide money to relieve desperate financial situations caused by gambling

American Psychiatric Association (2022)

United States Prevalence

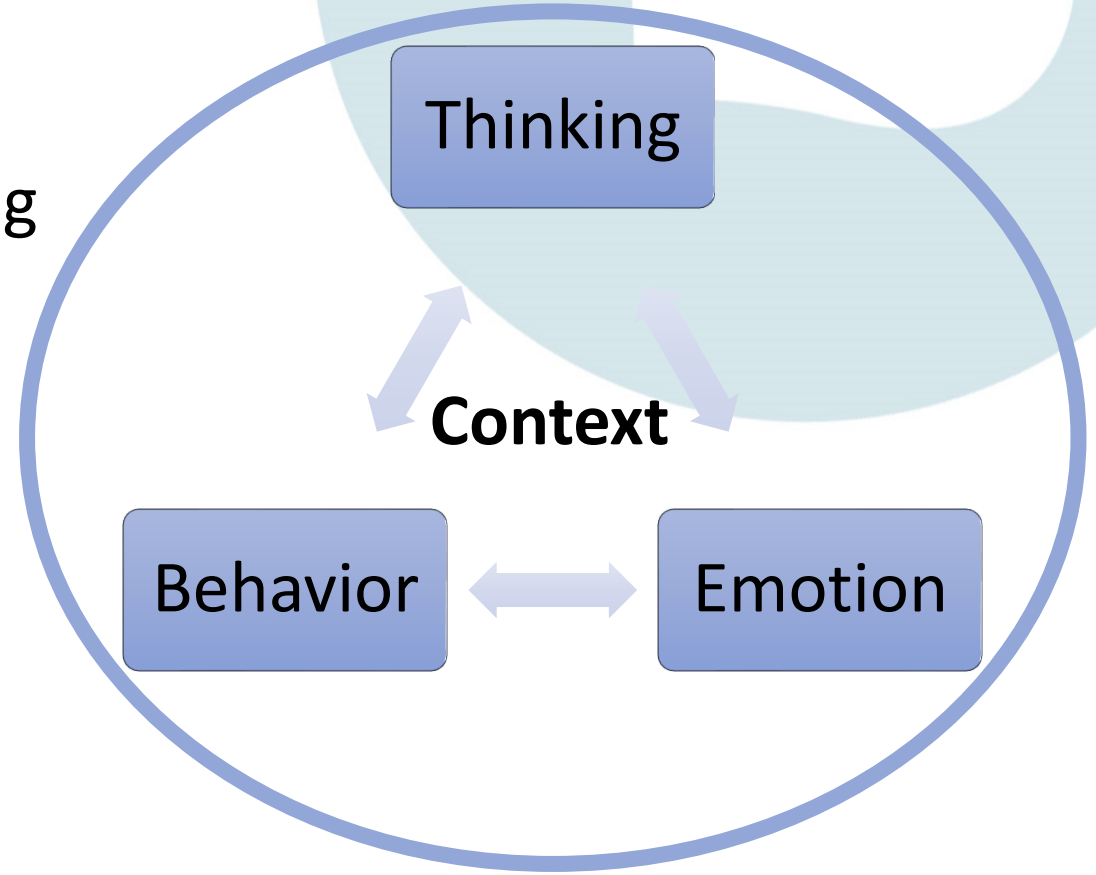
- Problem Gambling: Continued gambling despite significant harm
  - 1% to 2.5% of adults within the United States
  - 3.1% to 6.6% of adults who gamble in the United States

- Any-Risk Gambling: Experiencing at least one symptom or harm
  - 9% to 19% of adults within the United States
  - 14% to 29% of adults who gamble in the United States

Tran et al. (2024)

Cognitive-Behavioral Treatment (CBT)

- Time-limited, skills-based, treatment
  - Social cognitive theory
- Problem gambling = the product of interacting behavioral, cognitive, and social processes
- Leverage these same processes to support recovery
  - Build awareness of relationship between environment and behavior
  - Correct inaccurate beliefs about gambling
  - Increase engagement in gambling-free activities that are enjoyable or meaningful



Efficacy of CBT for Problem Gambling

- Strong empirical support – APA Division 12 Society of Clinical Psychology

- Synthesis of five meta-analyses observed:
  - **Large reduction** in time spent gambling (*g* = -1.30)
  - **Large reduction** in problem gambling severity (*g* = -1.16)
  - **Medium-large reduction** in gambling frequency (*g* = -0.70)
  - **Small-medium reduction** in amount of money wagered (*g* = -0.42)
  - **Medium reductions** in anxiety (*g* = - 0.54) and depression (*g* = -0.50)

- Increases in **self-efficacy** (*g* = 1.12; large), **coping skill use** (*g* = 0.27; small), and **reduction in maladaptive beliefs** about gambling (*g* = -0.41; small)

Pfund et al. (2023); Free et al. (2024)

CBT and Motivational Interviewing (MI)

- Motivational Interviewing: Client-centered & goal-oriented communication style which aims to strengthen motivation to change

- MI-consistent communication can be incorporated throughout CBT

- Integration of MI with CBT:
  - Increases session attendance
  - Increases motivation to change gambling behavior
  - Small enhancement of CBT efficacy in reducing gambling problems and behavior (*g* = -0.17)

 Wulfert et al. (2025); Hastings et al. (In Press)

CBT at The Gambling Clinic

- The Setting
  - Research clinic operating across TN three grand divisions (West, Middle, East)
  - Approximately 200 clients per year
  - In-person and telehealth
  - Clinical and Counseling Psychology doctoral student therapists
  - Motivational Letter
  - Peer recovery specialists
- The Treatment

Pfund et al. (2020); Pfund et al. (2024)

Assessment

- Running start semi-structured clinical interview
  - Reasons for treatment seeking
  - Frequency of engagement with primary mode(s) of gambling
  - Typical session: Length, amount wagered, trajectory, affective-cognitive experience
  - Past experiences of abstinence/reduction – identification of strengths
  - Comorbidities (e.g., substance use, trauma, mood disorders) and risk assessment

- Psychometric Assessment Tools
  - Screener: Brief Biosocial Gambling Screen
  - Problem Gambling Severity Index

REVIEW ARTICLE

Journal of Behavioral Addictions 7(2), pp. 211–226 (2018)
DOI: 10.1556/2006.7.2018.44
First published online June 12, 2018

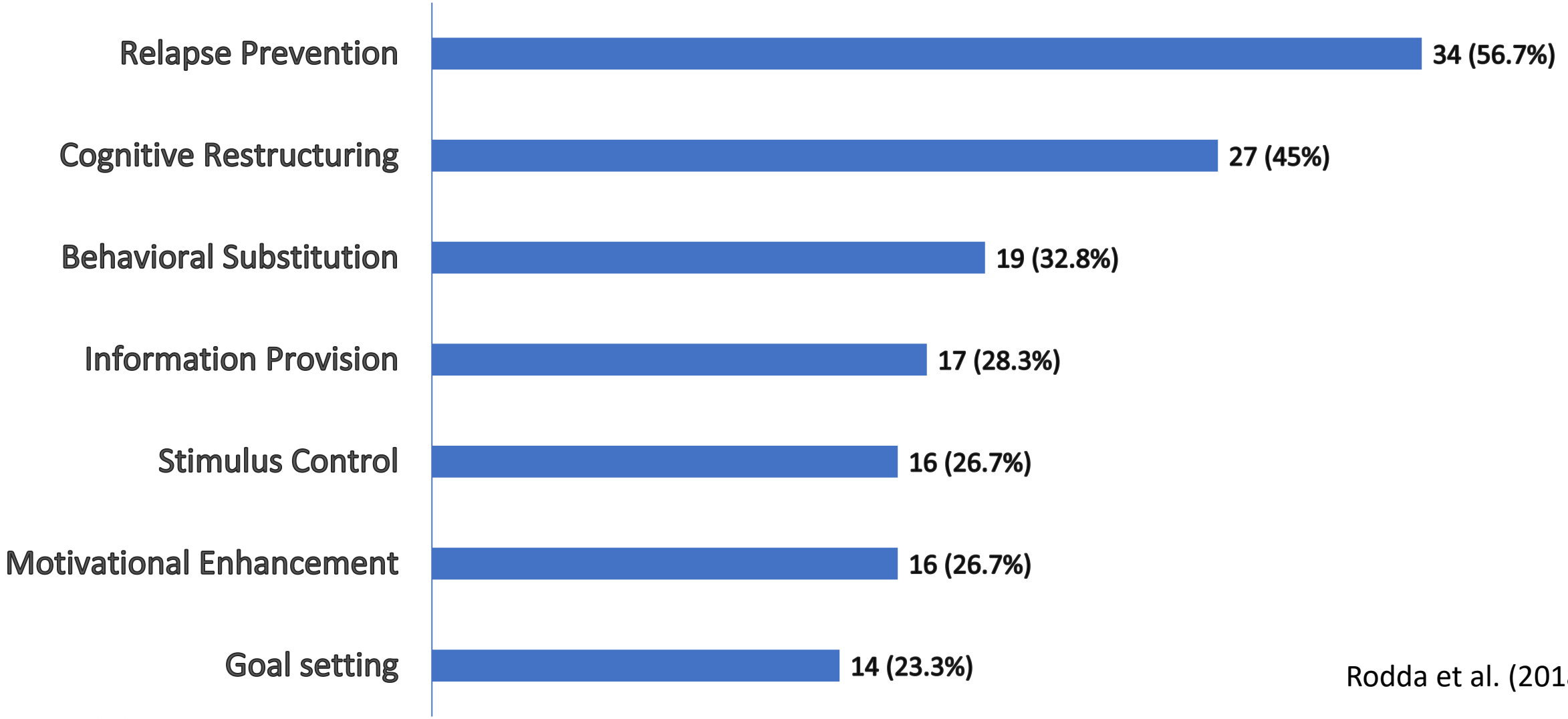
Not all CBTs are the same

Therapist-delivered and self-help interventions for gambling problems: A review of contents

SIMONE RODDA[1,2]*, STEPHANIE S. MERKOURIS[2], CHARLES ABRAHAM[3], DAVID C. HODGINS[4], SEAN COWLISHAW[5,6] and NICKI A. DOWLING[2,7]

- Many cognitive and behavioral change techniques have been employed to reduce gambling problems
- Notable variation is observed across therapist manuals in trials evaluating cognitive-behavioral treatments
- Rodda and colleagues (2018) reviewed all studies evaluating effectiveness of a psychological intervention for gambling problems (1980-2016)

Change Techniques Most Frequently Included in Therapist-Delivered Interventions for Gambling Problems



Rodda et al. (2018)

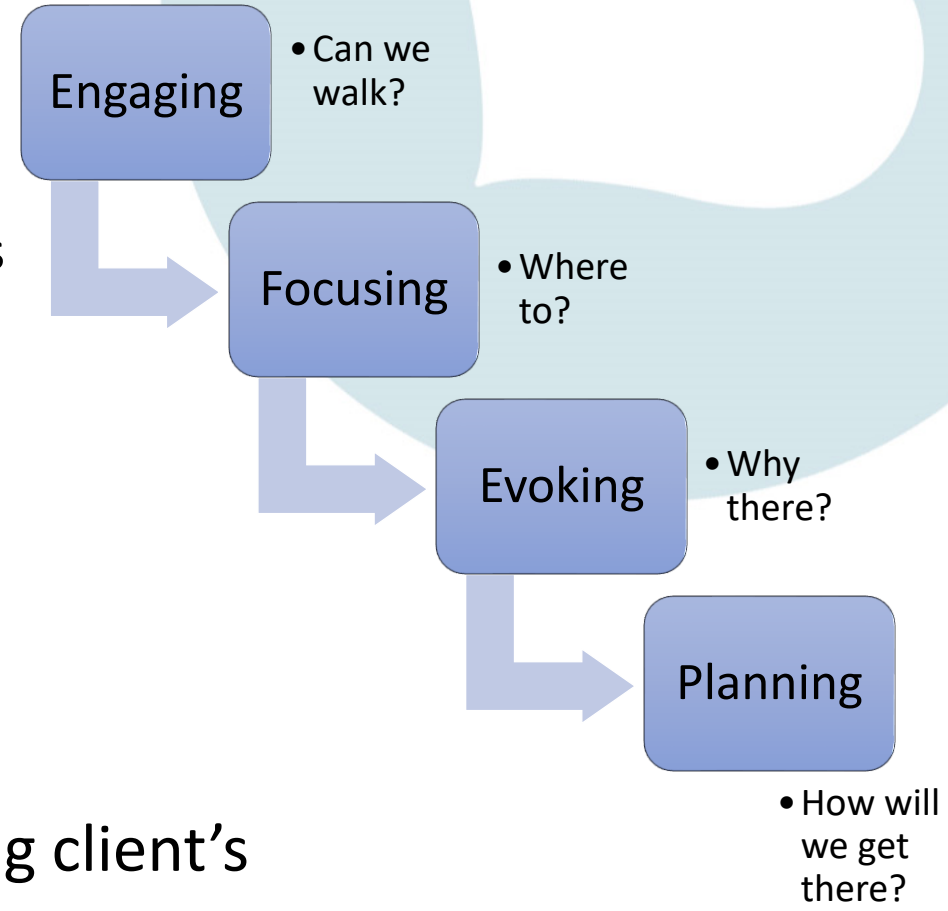
Cognitive-Behavioral Techniques

- The remainder of the workshop will present specific techniques common to the cognitive-behavioral treatment of gambling harm
  - Motivational Enhancement
  - Goal Setting
  - Functional Analysis
  - Stimulus Control
  - Cognitive Restructuring
  - Behavioral Substitution
  - Relapse Prevention

- Make a new friend! Find a partner for clinical role-plays.
  - Assign yourselves to be “Person 1” and “Person 2.” This will speed up figuring out who is doing what during our role plays.
  - Take a moment to think of a specific individual (e.g., fictional character, past client, someone you know) who you will portray in role-plays.

Motivational Enhancement

- Client-centered communication style
  - Build awareness of problems due to gambling
  - Resolve ambivalence
  - Evoke commitment to change
  - Develop discrepancy between current behavior and values
- Maximize **change talk**, minimize **sustain talk**
  - **O**pen-ended questions
  - **A**ffirmations
  - **R**eflections
  - **S**ummaries
- Can include provision of feedback report summarizing client's gambling behavior



Miller & Rollnick (2023)


Problem Gambling CBT

Motivational Enhancement Role-Play

- **Client (Person 1):** You are on the fence about changing your gambling.
  - Things to have a general idea of before beginning the role-play:
    - Client's values and potential motivations for changing
    - Client’s potential motivations for NOT changing

- **Therapist (Person 2):** Explore client’s ambivalence and steer conversation toward change.
  - Use your OARS (Open-ended questions, Affirmations, Reflections, Summaries)
  - Evoke change talk

- I’m going to set a timer for 5 minutes, at which point we will switch!

Goal Setting

- Collaborative process of clarifying the client's treatment goal
  - Abstinence or moderation
  - Support clients in clarifying their OWN goal for treatment
  - Lower risk gambling guidelines can aid in this conversation

- Considerations when identifying a moderation goal
  - Monetary (monthly, per session)
  - Frequency
  - Time
  - Win limits (per session, monthly)
  - Prerequisite conditions (e.g., rent is paid)
  - Prohibitive conditions (e.g., borrowing)

- Use of structured homework aid identification of specifics of goal

Young et al. (2024)


Problem Gambling CBT

Goal Setting Role-Play

- **Client (Person 2):** You want to cut down, but not abstain from gambling

- **Therapist (Person 1):** Help the client identify a specific moderation goal
  - Tips:
    - What does the client's current gambling look like (frequency, intensity)?
    - Facilitate critical evaluation of initial monetary limits
    - Are there any situations where no gambling is acceptable?
    - What about inducements (i.e., "free-play" or "bonus bets")?
    - Use your MI skills throughout!

- I'm going to set a timer for 5 minutes, at which point we will switch!

Ten-minute break!

Functional Analysis

- Collaborative identification of the antecedents (triggers) and consequences (maintaining factors) of gambling
  - Thoughts, emotions, environmental stimuli
- Common Triggers
  - Unstructured time (i.e., boredom; 51%)
  - Negative emotional state (45%)
  - Access to money (33%)
  - Concerns about finances (18%)
  - Social factors (17%)
  - Other (24%)
- Common Consequences
  - Enhance positive emotion ("the rush"; 80%)
  - Produce negative emotion (62%)
  - Escape negative emotion (53%)
  - Lose money (47%)
  - Financial problems (43%)
  - Family/relationship problems (37%)
  - Social connection (26%)
  - Make money (26%)
  - Feel guilty (21%)
  - Increase self-esteem (14%)

Morasco et al. (2007)


Problem Gambling CBT

Functional Analysis Role-Play

- **Client (Person 1):** Portray a client!

- **Therapist (Person 2):** Identify primary triggers and consequences occasioning and maintaining the client's gambling!
  - Identify triggers that occasion gambling or elicit urges
  - Identify both immediate consequences (often positive) and delayed consequences (often negative)

- I'm going to set a timer for 5 minutes, at which point we will switch!

Stimulus Control

- Modify environments and reduce exposure to triggers
  - Change relationships with those who gamble, avoid places with access to gambling, limiting access to gambling, and limiting access to money
- Limiting access to gambling
  - Self-exclusion, third party web-blocking applications, operator provided time limit setting
- Financial stimulus control
  - Relinquish control of finances, leaving cards at home, freezing credit


Problem Gambling CBT

Stimulus Control Role-Play

- **Client (Person 2):** Portray a client!
  - Consider situations that may elicit urges or occasion gambling.

- **Therapist (Person 1):** Guide client in identifying strategies to avoid or reduce exposure to gambling and related triggers

- I’m going to set a timer for 5 minutes, at which point we will switch!

Cognitive Restructuring

- Identifying, questioning, and correcting inaccurate thoughts related to gambling
  - Socratic dialogue
  - Maintain a spirit of curiosity, nonjudgement, and compassion
- Information provision and psychoeducation

Common Inaccurate Beliefs about Gambling
Gamblers Fallacy: Failure to recognize independence of random events.
Illusory Correlation: Belief two events are related, when they are not.
Illusion of Control: Belief in one's ability to influence, predict, or control the outcome of events outside an individual's knowledge or control.
Near-miss effect: Affective and cognitive responding motivated continued play following a losing out perceived as almost a win.

Goodie & Fortune (2013)


Problem Gambling CBT

Role-Play

- **Client (Person 1):** Elaborate on inaccurate beliefs about gambling
  - Consider a specific cognitive distortion to discuss before beginning. See table for examples
- **Therapist (Person 2):** Use Socratic dialogue to gently challenge inaccurate belief
  - Maintain a spirit of curiosity, collaboration, compassion, and respect
  - Develop discrepancy
- We will switch roles after five minutes

Common Inaccurate Beliefs about Gambling
Gamblers Fallacy: Failure to recognize independence of random events.
Illusory Correlation: Belief two events are related, when they are not.
Illusion of Control: Belief in one's ability to influence, predict, or control the outcome of events outside an individual's knowledge or control.
Near-miss effect: Affective and cognitive responding motivated continued play following a losing out perceived as almost a win.

Behavioral Substitution

- Prompting clients to substitute gambling behavior with values-based alternatives
  - Collaborative
  - Specific, affordable, accessible
  - Pleasurable or meaningful
- It can be useful to identify options that are functionally similar to client's gambling behaviors
  - Gambling to feel excitement -> Identify activities the client finds exciting
  - Gambling for social connection -> Identify different ways to socialize
- Explore both immediate and long-term consequences of substitutes


Problem Gambling CBT

Behavioral Substitution Role-Play

- **Client (Person 2):** Portray a client!
  - Things to have a general idea of before beginning the role-play:
    - What function does gambling serve for the client you are playing? What motivates them to gamble?
    - What values does the client hold? What is important to them?
    - What is this client's most salient trigger for gambling?

- **Therapist (Person 1):** Collaboratively identify alternative options to gambling
  - Explore at least one immediate consequence of an alternative option
  - Explore at least one long-term consequence of making the alternative a habit

- I'm going to set a timer for 5 minutes, at which point we will switch!

Relapse Prevention

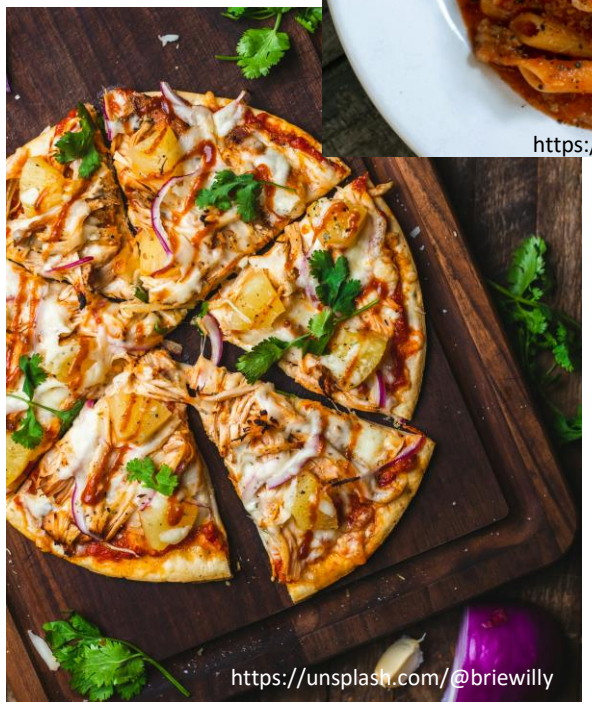
- Identifying potential high-risk situations that may elevate risk of relapse, and generating plans to cope with high-risk situations
  - Progress to this stage after sustained abstinence/successful moderation
  - Build coping self-efficacy and identification of concrete steps to take
- High-risk situations are a result of multiple factors interacting
  - Build awareness
  - Construct coping plans (“poking holes” in options to generate backups)
- Urge Surfing – a mindfulness-based skill for responding to cravings non-reactively – can be useful for clients experiencing frequent urges


Problem Gambling CBT

Mindfulness in Relapse Prevention: Urge Surfing

- You're probably getting pretty hungry for lunch right about now…
- Let's elicit a food craving and use this opportunity to practice urge surfing!
- Take a minute to picture your favorite food. Imagine how it might smell. Imagine how it might taste to take a bite.


https://unsplash.com/@bleiplays33


https://unsplash.com/@briewilly


https://unsplash.com/@amir_v_ali

Thank you for coming!

Matt Andersland
mndrslnd@memphis.edu
www.thegamblingclinic.com

American Psychiatric Association. (2022). Substance-related and addictive disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed., text rev., pp. 533–607). American Psychiatric Publishing. https://doi.org/10.1176/appi.books.9780890425787

Dowling, N. A., & Rodda, S. N. (2025). Pragmatic, Brief, Free, and Validated: Screening, Assessment and Outcome Measures for Gambling Treatment. *Cognitive and Behavioral Practice*.

Goodie, A. S., & Fortune, E. E. (2013). Measuring cognitive distortions in pathological gambling: review and meta-analyses. *Psychology of Addictive Behaviors*, *27*(3), 730.

Hastings, M. R., Forman, D. P., Kim, H. S., & Pfund, R. A. (In press). A Systematic Review and Meta-Analysis of the Relative and Complementary Effects of Motivational Interviewing and Cognitive-Behavioral Treatment for Problem Gambling and Gambling Disorder.

Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J., & Rockloff, M. (2015). Understanding gambling related harm: A proposed definition, conceptual framework, and taxonomy of harms. *BMC public health*, *16*(1), 80.

Miller, W. R., & Rollnick, S. (2023). *Motivational interviewing: Helping people change and grow* (4th ed). Guilford press.

Morasco, B. J., Weinstock, J., Ledgerwood, D. M., & Petry, N. M. (2007). Psychological factors that promote and inhibit pathological gambling. *Cognitive and behavioral practice*, *14*(2), 208-217.

Pfund, R. A., Whelan, J. P., Peter, S. C., & Meyers, A. W. (2020). Can a motivational letter increase attendance to psychological treatment for gambling disorder?. *Psychological Services*, *17*(1), 102.

Pfund, R. A., Boness, C. L., Kim, H.S., Ginley, M. K., & Whelan, J. P. (2023, May). *An evaluation of cognitive-behavioral treatment for gambling disorder: An application of Tolin's criteria for empirically supported treatments.*

Pfund, R. A., Valencia, A. J., Hudson, E. A., Ginley, M. K., & Whelan, J. P. (2024). Effectiveness of a systems-wide initiative to address motivation and expectations for treatment on initial session attendance to outpatient gambling treatment. *Journal of Gambling Studies*, *40*(4), 2201-2208.

Rodda, S., Merkouris, S. S., Abraham, C., Hodgins, D. C., Cowlishaw, S., & Dowling, N. A. (2018). Therapist-delivered and self-help interventions for gambling problems: A review of contents. *Journal of behavioral addictions*, *7*(2), 211-226.

Tran, L. T., Wardle, H., Colledge-Frisby, S., Taylor, S., Lynch, M., Rehm, J., Volberg, R., Marionneau, V., Saxena, S., Bunn, C., Farrell, M., & Degenhardt, L. (2024). The prevalence of gambling and problematic gambling: a systematic review and meta-analysis. *The Lancet Public Health*, *9*(8), e594-e613.

Wulfert, E., Broussard, J., Wemm, S. E., Holzhauer, C. G., & Rubonis, A. V. (2025). The Challenge of Retaining Gamblers in Treatment: Comparing CMBT and CBT. *Cognitive and Behavioral Practice*.

Young, M. M., Hodgins, D. C., Currie, S. R., Brunelle, N., Dufour, M., Flores-Pajot, M. C., & Nadeau, L. (2024). Not too much, not too often, and not too many: The results of the first large-scale, international project to develop lower-risk gambling guidelines. *International Journal of Mental Health and Addiction*, *22*(1), 666-684.