

Cognitive Motivational-Behavior Therapy: Interventions for Day-to-day Care

By
James Broussard, M.A.

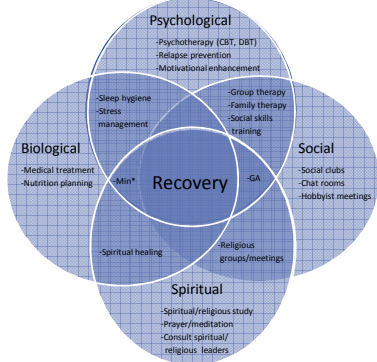
Treatment for PG

- **Gambling treatment is in its infancy (compared to addiction treatment in general)**
- **Stepped care model**
 - Self-help and psychoeducation
 - Fellowships and other support groups (GA)
 - Individual therapy
 - Inpatient treatment (multi-modal interventions)

Treatment for PG

- **For many clients, more than one type of intervention is required to increase chances of success**
 - “If all you have is a hammer, you treat everything like a nail” (A. Maslow)
- **Bio-psychosocial-spiritual model**
 - Multiple approaches and interventions are necessary to maximally target each sphere of influence

Bio-psycho-social-spiritual Model



Cognitive-Motivational Behavior Therapy (CMBT)

- An empirically based, integrative treatment for pathological gambling developed through a:
 - Ten-year collaboration with CPG, Albany
 - Four-year collaboration with NYSPI
 - Federally-funded research program

What is Cognitive-Motivational Behavior Therapy (CMBT)?

- Psychotherapy that integrates elements of
 - Motivational Interviewing (MI)
 - Cognitive Behavior Therapy (CBT)
 - Relapse Prevention
- Time-limited, modular treatment design
 - Six modules, approximately twelve sessions total (and booster sessions, as needed)

Aims of CMBT

- **MI style (collaborative, non-judgmental) to facilitate treatment engagement (retention!)**
- **Client sets treatment goals (HA vs. abstinence)**
- **Psychoeducation (e.g., chance; odds)**
- **Skills training (e.g., cognitive restructuring to cope with urges; behavior change; social support)**

CMBT Interventions

- **Motivational Enhancement (i.e., bottom-raising)**
 - Empathic, directive, client-centered approach utilizing reflective listening/summaries
 - Decisional Balance
 - Feedback Report
 - Values Exercise
- **Social Support Network**
 - Support Team Meeting
- **Relapse Prevention**
 - Gun Metaphor

Decreasing Ambivalence via Decisional Balance

<u>Good</u>	<u>Not So Good</u>
High Feeling	Debt
Way to get money	Heartache, Stress
Social Activity	Sleepless nights
	Losing friends
	Becoming withdrawn
	Loss of Self-esteem
	Anxiety, Depression

Increasing Motivation through Assessment-Based Feedback

Feedback Report:

- Client receives written feedback report based on comprehensive assessment
- Feedback increases client's awareness of the full consequences of gambling on a range of life areas.

Increasing Motivation through Value/Behavior Inconsistencies

Values Exercise:

- Client selects most important values from a list grouped by area
- Therapist facilitates discussion of inconsistencies between client's values and gambling behavior.

Decreasing Ambivalence via Value/Behavior Inconsistencies

Directions: Circle the 5 values that are most important to you in your life.

- Accountable at work/school^C Admired^B Athletic^D Attractive^F Balanced^F
 Caring^B Clever^F Competent^C Considerate^G Devout/religious^G
 Disciplined^F Emotional/mental stability^E Energetic^E Independent^A
 Financially stable^A Generous^A Giving^G Good community member^B
 Good family relations^B Good friend^B Good parent^B Good spouse/partner^B
 Good son/daughter^B Happy^F Hardworking^C Healthy^E Honest^G
 In control^F In recovery^B Intelligent^F Intrigued^D Law-abiding^G Loving^B
 Not hypocritical^G Passionate^D Peaceful^G Popular^B Professional^C
 Relaxed^E Respected at home^B Respected at work^C Responsible^G
 Self-confident^F Self-reliant^A Skillful^D Spiritual^G Strong^E Successful^C
 Talented^D Thrifty^A Trustworthy^B Volunteering^B Wealthy^A Wise^F

Decreasing Ambivalence via Values Inconsistency

After client has circled the 5 most important values from the list, ask them to give you the five in order from most important to least important. Write them down along with their letters.

Values (in order of importance)	Value Area (Letter)
(1)	
(2)	
(3)	
(4)	
(5)	

A. Financial, B. Friends, Family and Community, C. Work/School, D. Interests, Hobbies, and Recreation, E. Physical/Mental Health, F. Personal Wellbeing, G. Ethics/Morality/Spirituality

Then ask: *"Tell me how these values are important to you and your life."* (Reflect what the client says)

Ask: *"What connections, if any, do you see between your gambling and your ability to live up to your core values?"* (Use reflective listening and paraphrasing)

Support Network Development

- **Focuses on developing a social support network with family members or friends**
- **Therapist may facilitate use of GA or other treatment groups**
- **Gives family members a voice for encouragement, not hostility or resentment**
- **Gives those in network tools for support**

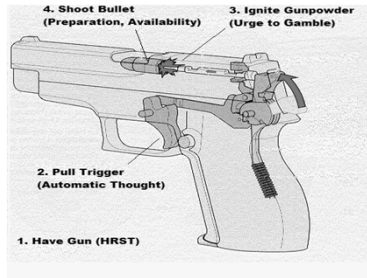
Integration/Relapse Prevention

- **Examine barriers to treatment goal**
- **Explore relapse prevention strategies (Gun metaphor)**
- **Integrate cognitive and behavioral components into a cohesive relapse prevention plan**

Case example: Relapse Prevnt. (James)

Gun Metaphor

5. Damage the Target
(Consequences of Gambling)



Integration/Relapse Prevention

- High Risk Situation (The Gun) = Get rid of the HRST (get away).
- Inaccurate Thoughts (Pull Trigger) = Adopt healthier thinking (i.e., thoughts that lead to healthier behaviors)
- Urge to Gamble, Strong Emotion (Ignite Gunpowder) = minimize/cope with urges and strong emotions
- Preparation and Availability (Shoot Bullet) = limit access to gambling (e.g., money, transportation, self-banning)
- Gambling (Damage the Target) = To those with a gambling problem, gambling is like shooting a loaded gun. When all the pieces are in place, a gun will fire and do great damage even if not intended. In terms of your gambling, ask yourself "are you carrying around a loaded gun?" If so, begin taking steps to reduce the risks

Conclusions

- **CMBT enables clients to:**
 - Gain insight into subtle cognitive and behavioral patterns that lead to gambling
 - Cope with urges to decrease chances of lapse/relapse
 - Develop a social support network
 - Identify other problem areas and seek out possible solutions

Research Evidence

- **CMBT (Studies conducted at CPG, Albany):**
 - **Pilot Study:**
9/9 clients retained in CMBT; 8/12 in TAU
(1-year follow-up:
6 abstained, 2 improved, 1 unimproved)
 - **Federally funded Randomized Clinical Trial**
(treatment development study, 46 clients):
CMBT significantly superior than GA
(1/23=5% vs. 14/23=61% dropouts)

Research Evidence

- **Ongoing Research:**
 - **Federally funded Randomized Controlled Trial** Two sites: CPG/Albany & NYSPI/NYC)
200 clients
Comparing CMBT against CBT
 - **State funded RCT in Winsor/Canada**
150 clients
Comparing CMBT vs. TAU vs. Waitlist Control

Any Questions?
