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

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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
  o Multiple approaches and interventions are necessary to maximally target each sphere of influence
Bio-psychosocial-spiritual Model

Cognitive-Motivational Behavior Therapy (CMBT)

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

What is Cognitive-Motivational Behavior Therapy (CMBT)?

• Psychotherapy that integrates elements of
  o Motivational Interviewing (MI)
  o Cognitive Behavior Therapy (CBT)
  o Relapse Prevention
• Time-limited, modular treatment design
  o 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

<table>
<thead>
<tr>
<th>Good</th>
<th>Not So Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Feeling</td>
<td>Debt</td>
</tr>
<tr>
<td>Way to get money</td>
<td>Heartache, Stress</td>
</tr>
<tr>
<td>Social Activity</td>
<td>Sleepless nights</td>
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<tr>
<td></td>
<td>Losing friends</td>
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<td></td>
<td>Becoming withdrawn</td>
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<td></td>
<td>Loss of Self-esteem</td>
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<td></td>
<td>Anxiety, Depression</td>
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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 A  Athletic D  Attractive F  Balanced F
Caring C  Clever B  Competent C  Consistent C  Devout/religious C
Disciplined F  Emotional/mental stability B  Energetic D  Independent B
Financially stable F  Generous B  Giving A  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 F  Honest G
In control F  In recovery B  Intelligent C  Intrigued D  Law-abiding G  Loving B
Not hypocritical G  Passionate D  Peaceful G  Popular B  Professional C
Relaxed D  Respected at home B  Respected at work E  Responsible G
Self-confident A  Self-sufficient D  Skilled D  Spiritual G  Strong B  Successful F
Talented D  Thrifty A  Trustworthy H  Volunteering A  Wealthy A  Wise G
**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.

<table>
<thead>
<tr>
<th>Values in order of importance</th>
<th>Value Area (Letter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>A. Financial</td>
</tr>
<tr>
<td>(2)</td>
<td>B. Friends, Family and Community</td>
</tr>
<tr>
<td>(3)</td>
<td>C. Work, School</td>
</tr>
<tr>
<td>(4)</td>
<td>D. Interests, Hobbies, and Recreation</td>
</tr>
<tr>
<td>(5)</td>
<td>E. Physical/Mental Health</td>
</tr>
</tbody>
</table>

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)

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**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

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**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

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?**