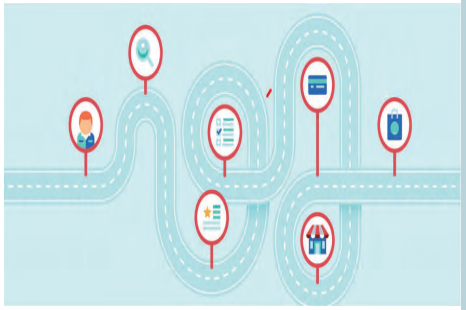
AGENDA

- GAMBLING HARMS
- RECENT DEVELOPMENTS
- NICE GUIDELINES
- CBT FOR GAMBLING
- LIMITATIONS AND FUTURE DIRECTIONS



RECOMMENDATIONS FOR EVIDENCE-BASED TREATMENT FOR GAMBLING DISORDER AND THEIR RELEVANCE TO THE RECOVERY PROCESS

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GAMBLING- AN ORDINARY LEISURE ACTIVITY?

Central and North West London NHS
NHS Foundation Trust

INTRODUCTION

GAMBLING RELATED HARMS

Debt	Depression	Anxiety	Suicidal ideation and suicide attempts
Pressure on families and carers	Social isolation	Relationship breakdown	Loss of employment
Crime	Medical problems	Social and legal difficulties	

STATISTICS ON PARTICIPATION AND GAMBLING HARMS (GAMBLING COMMISSION, 2002/2024)

- 48% of adults had participated in some form of gambling activity in the last 4 weeks (including the national lottery)
- 0.3% of all adults were found to gamble in a harmful way, with an additional 2.9% engaging in moderate or low-risk gambling
- 27% of 11 to 17 year olds had spent their own money on any gambling activity in the 12 months prior to completing the survey.


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Gambling addiction 'destroyed' son, father tells Sheffield inquest

Parents of Jack Ritchie, who killed himself in 2017 aged 24, say state failed to properly address gambling risks

Jack Ritchie, pictured with his parents Charles and Liz, started using fixed-odds betting terminals when he was about 16. Photograph: Gambling With Lives/PA

GAMBLING HARM AND AFFECTED OTHERS (DOWLING, 2025)

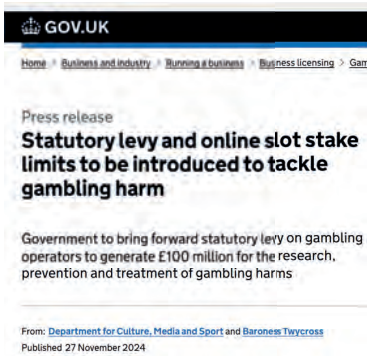
- Prevalence estimates of affected others in the general population range from 4.5% to 21.2%
- Women are more often affected family members and men are more often affected close friends.
- Gambling problems harm an average of six others, who experience an average of seven harms, many of which persist beyond problem resolution, resulting in reduced quality of life.

THE WHITE PAPER AND THE STATUTORY LEVY


Policy paper

High stakes: gambling reform for the digital age

This white paper sets out the government's plan for reform of gambling regulation following the review of the Gambling Act 2005.


GOV.UK

Home > Business and industry > Running a business > Business licensing > Gam

Press release

Statutory levy and online slot stake limits to be introduced to tackle gambling harm

Government to bring forward statutory levy on gambling operators to generate £100 million for the research, prevention and treatment of gambling harms

From: Department for Culture, Media and Sport and Baroness Twycross
Published 27 November 2024

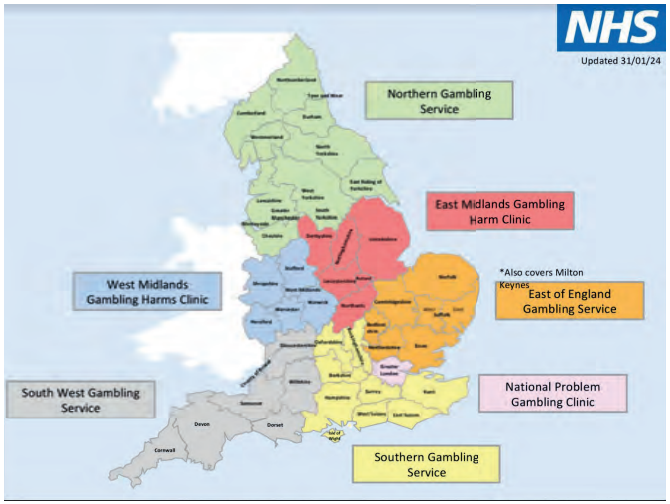
GAMBLING & SUICIDALITY

- Individuals with gambling problems have an increased likelihood of reporting lifetime suicidal ideation, suicide attempt(s), and dying by suicide compared to the general population (Kristensen, 2024)
- Review of treatment seeking clients with PG (Sundqvist & Wennberg, 2022):

  30%-50% -history of suicidal ideation

  20%-30% -suicidal attempts

The NHS Gambling network



GAMBLING AS A PUBLIC HEALTH ISSUE

- Substantial costs to health services (predominantly mental health), welfare and unemployment services, housing services and the criminal justice system.
- Gambling harms estimated cost £1.05 to £1.77 billion annually in 2021 to 2022 prices (OHID)
- Gambling is a public health issue; governments should prioritise protecting health and wellbeing (Wardle. 2024)

ASSESSMENT AND INFORMATION

- Types of gambling activities
- Gambling pattern and history
- Impact
- Comorbidities
- Risk and safeguarding
- Medication

- Provide information that supports and motivates the individual and affected others

NICE National Institute for Health and Care Excellence

NICE guideline

Gambling-related harms: identification, assessment and management

TREATMENT RECOMMENDATIONS

- Gambling frequency and gambling severity were the main outcome measures

- Economic evidence was included

- 48 studies (mostly RCTs)

- Not a single UK study

- The quality of individual studies was low (lack of blinding, poor reporting of randomisation; high attrition rates)

- What is the long-term effectiveness of treatment? Limited data

IDENTIFICATION AND EARLY SUPPORT

- Ask people about gambling harm when asking about smoking, alcohol, or other substances

- Encourage them to seek help

- Ask directly about suicidal intent

- Discuss self-exclusion techniques

- Offer help to affected others

CBT STREAMS

COGNITIVE RESTRUCTURING

(Petry, 2005; Ladoucer & LaChance, 2006; Bowden-Jones & Leonidaki, 2022)

- Thinking errors
- Evaluating irrational thinking
- Develop an alternative perspective

IMAGINAL EXPOSURE

(Grant et al., 2011)

- Habituation
- Imaginal exposure to triggering situation
- Reduction of urge

TREATMENT RECOMMENDATIONS

SAMPLE

CBT individual	N=592; Severity
	N=331 Frequency
CBT Group	N=121; Severity
	N=30 Frequency
MI	N=303; Severity
	N=290 Frequency

- **Group CBT had the highest effect**

8-10 sessions by 2 trained therapists

- **Individual CBT**

6-8 sessions of evidence-based protocol incl relapse prevention element

- **Motivational Interviewing**

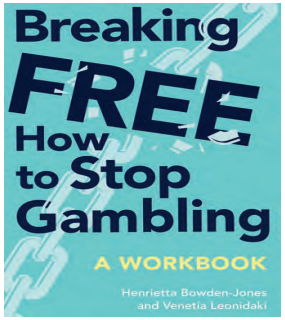
MI to help people feel ready for change

The only treatment helping those feeling ambivalent

Pharmacotherapies

Limited evidence that they demonstrate additional substantial benefit

TREATMENT WORKBOOK



https://www.cnwl.nhs.uk/application/files/5717/0982/1224/Gambling_-Breaking_Free_Worksheets.pdf

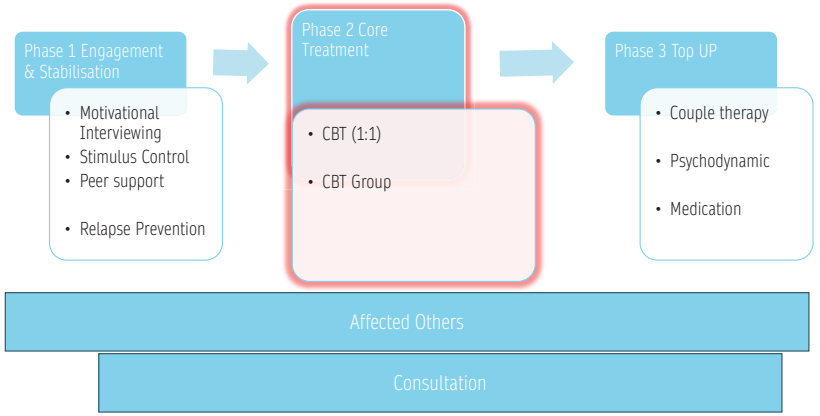
KEY PRINCIPLES

- Abstinence
- Holistic approaches
- Peer support
- Affected others

GAMBLING PERMISSIVE THOUGHTS

I can't cope without gambling	I have lost several times so a big win must be on its way	I had a stressful day and gambling will take away my tension	I'll make money with gambling, I cannot miss out
LOW SELF-EFFICACY	GAMBLER'S FALLACY	NEGATIVE REINFORCEMENT	EXPECTATIONS ABOUT MAKING MONEY
Craving will pass and I have strategies to help me deal with this	This thought is a mental trap-probability of winning or losing is 50%-50%	Gambling will create more stress in my life in the long-term	My gambling is compulsive and I mostly lose in the end

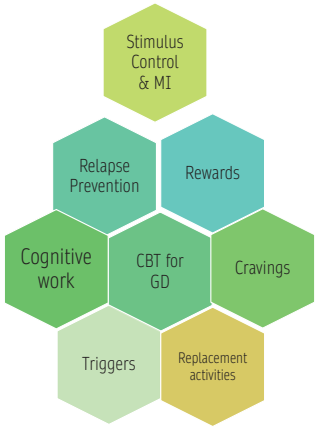
National Gambling Clinic- Treatment Programme



ONE SIZE DOES NOT FIT ALL

- Comorbidity (additional diagnosis)
- Transdiagnostic processes
- Diverse populations and patient characteristics
- Preference, goals, & other factors

CBT–KEY ELEMENTS



PREFERENCE, EXPECTATIONS, GOALS

PREFERENCE

Preferred treatment associated with lower drop out and stronger therapeutic alliance (Windle et al; 2020; Lindhiem et al., 2014)

EXPECTATIONS

Expectations of treatment outcome (Constantino et al., 2018) and client's acceptance of theoretical explanation for the effect of therapy outcome (Harrison et al., 2019)

GOALS/FOCUS

-Address guilt and shame about the harm caused by their gambling

-Work on a significant relationship that is under threat

-Addressing what underlies multiple addictive behaviours

COMORBIDITY

ADAPTING CBT

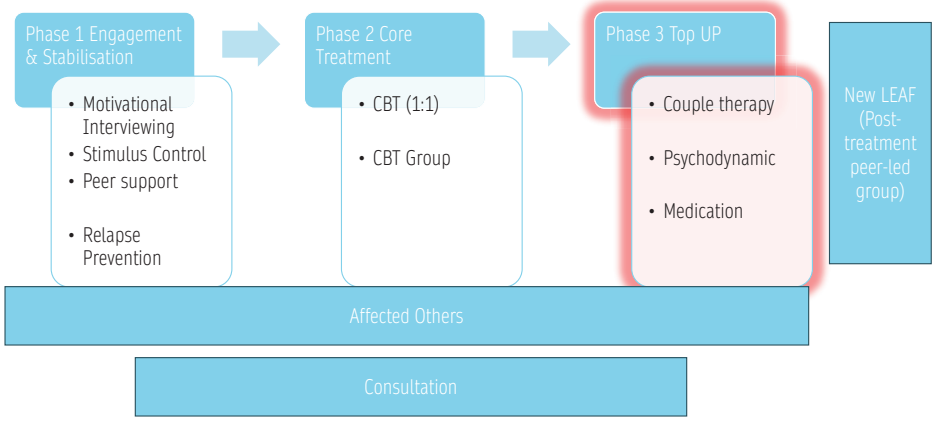
Bring elements from other CBT protocols to tackle a concurrent mental health condition because it may interfere with gambling treatment

CO-ORDINATING CARE

Treat another condition alongside gambling treatment e.g. bipolar disorder or ADHD or substance use (parallel model) or after the comorbid condition is stabilised e.g. referral from inpatient wards (concurrent model)

WHAT IS THE ROLE OF OUR SERVICES IN TREATING COMORBIDITY?

National Problem Gambling Clinic- Treatment Programme



TRANSDIAGNOSTIC PROCESSES

INTEGRATIVE CBT

Integrate CBT with other models such as schema therapy, DBT, or relational approaches to tackle common processes, such as emotional dysregulation or experiential avoidance

ADAPTING TREATMENT TO CLIENT'S CHARACTERISTICS

Attachment style, culture (race/ethnicity), gender identity, coping style, therapy preferences, reactance level, religion and spirituality, sexual orientation, and stages of change (Norcross & Wampold, 2018)

TRANSDIAGNOSTIC MODEL

Lack of motivation, urgency, maladaptive, expectancies, deficits in self-control, deficits in social support, and compulsivity (Kim & Hodgins, 2018)

OTHER PATHS TO RECOVERY

- Natural recovery (Bischof et al, 2019; Hodgins, 2000)
- Self-directed interventions (Hodgins et al., 2019; Swan & Hodgins, 2015), including apps using Just-In-Time Adaptive Intervention (JITA) (Rodda et al, 2022)
- Gambler Anonymous (Schuler et al., 2016)

DIVERSE GROUPS

WOMEN

YOUNG PEOPLE

TRADING & CRYPTOCURRENCY

CRIMINAL JUSTICE SYSTEM

VETERANS

FINAL POINTS

- Treatment is available
- Gambling-specific CBT is working
- Evidence-based CBT is at the heart of NHS treatment programme
- One-size model does not fit all
- Limited evidence of how to adapt treatment
- Psychotherapy research may act as a useful model to guide future research
- Formal treatment is not the only path to quitting gambling

WHAT WORKS FOR WHOM?

PSYCHOTHERAPY FIELD

In the broader psychotherapy field, there is an increased recognition that evaluating the effectiveness of treatment for a single diagnosis is incomplete and there is a need for adapting psychotherapy and understanding what works for whom (Norcross & Wampold, 2018)

GAMBLING

➢Research evaluating other treatment modalities/transdiagnostic treatment programmes

➢Comparison of the relative efficacy of therapy for certain groups

➢Adapting therapy to respond to the client's transdiagnostic characteristics`

Thank you

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