

# Integrating Motivational Interviewing, Cognitive Behavior Therapy and Complementary Therapies for Wholistic Treatment of Gambling Disorder

Wednesday 3pm - 4:30pm

---

Thank you to Northwest ATTC for co-sponsoring this session.

Please scan the QR code below to access the GRPA survey. Please complete this evaluation for the sponsors, in addition to the conference evaluation either on the colored printed sheets at your table or via the app.



WESTERN REGIONAL CONFERENCE ON PROBLEM GAMBLING AWARENESS  
**FOCUS ON THE FUTURE**



**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Integrating MI, CBT and Complementary Therapies for Wholistic Treatment of GD

David M. Ledgerwood, Ph.D.

Department of Psychiatry and Behavioral Neurosciences



# Learning Objectives

- Identify effective psychological treatments for gambling disorder
- Understand how integrating treatments may lead to increased benefit
- Understand why treating co-occurring disorders is important for recovery



# Types of Treatments

1

*Traditional Interventions*

2

*Evidence-based interventions*

3

*Complementary interventions*

4

*Self-guided interventions*

5

*Co-occurring disorder intervention*

# Traditional Treatments for GD

*12-step, Gamblers Anonymous*



# Gamblers Anonymous



[gamblersanonymous.org](https://gamblersanonymous.org)

- Mutual recovery 12-step groups designed following the Alcoholics Anonymous model
- “Fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from a gambling problem” (*GA Website*)
- Only requirement is a desire to stop gambling

# What Other Treatments Have Been Studied?

*Mostly CBT and MI*

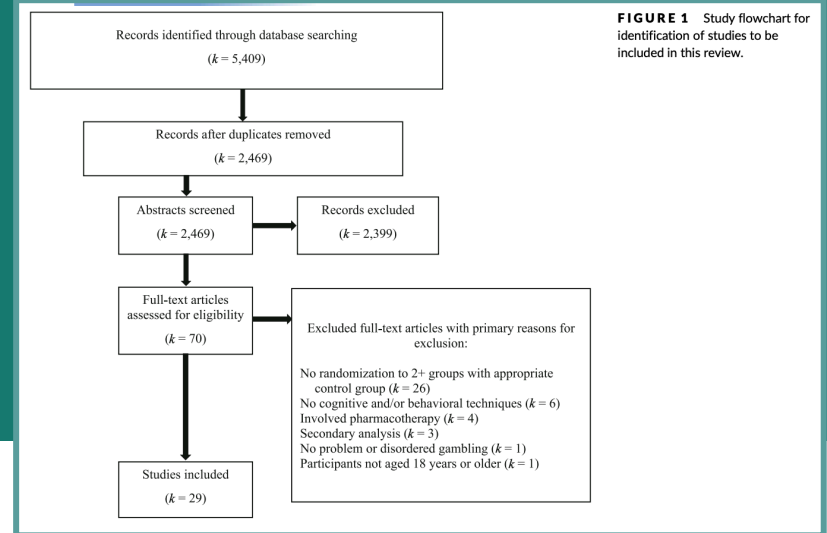


CBT is the most  
studied therapy.  
A Cornerstone of GD  
Treatment



## Effect of cognitive-behavioral techniques for problem gambling and gambling disorder: A systematic review and meta-analysis

Rory A. Pfund<sup>1,2</sup> | David P. Forman<sup>3</sup> | Shelby K. Whalen<sup>4</sup> | James M. Zech<sup>5</sup> |  
Meredith K. Ginley<sup>2,4</sup> | Samuel C. Peter<sup>6</sup> | Nicholas W. McAfee<sup>7</sup> |  
James P. Whelan<sup>1,2</sup>



- 29 clinical trials identified representing 3,991 participants.
- CBT significantly reduced gambling disorder severity, gambling frequency and gambling intensity at post-treatment compared to controls.
- CBT had no significant effect on follow-up.

# CBT or CT?

Depending on the focus, some treatments have been called:

**Cognitive Therapy** (because they focus more on cognitive distortions around gambling)

VS

**Cognitive Behavior Therapy** (because of a greater focus on behavioral components such as reinforcing non-gambling behaviors, encouraging problem solving, improving social skills and preventing relapse)

CT or CBT has been packaged in several different ways, but there are some basic similarities between methods...

## THOUGHTS

What we **think** affects  
how we feel and act



# CBT

CHANGING PERCEPTIONS

## EMOTIONS

What we **feel** affects  
how we think and act

## BEHAVIORS

What we **do** affects  
how we think and feel

# CBT Goals

To understand beliefs that relate to gambling

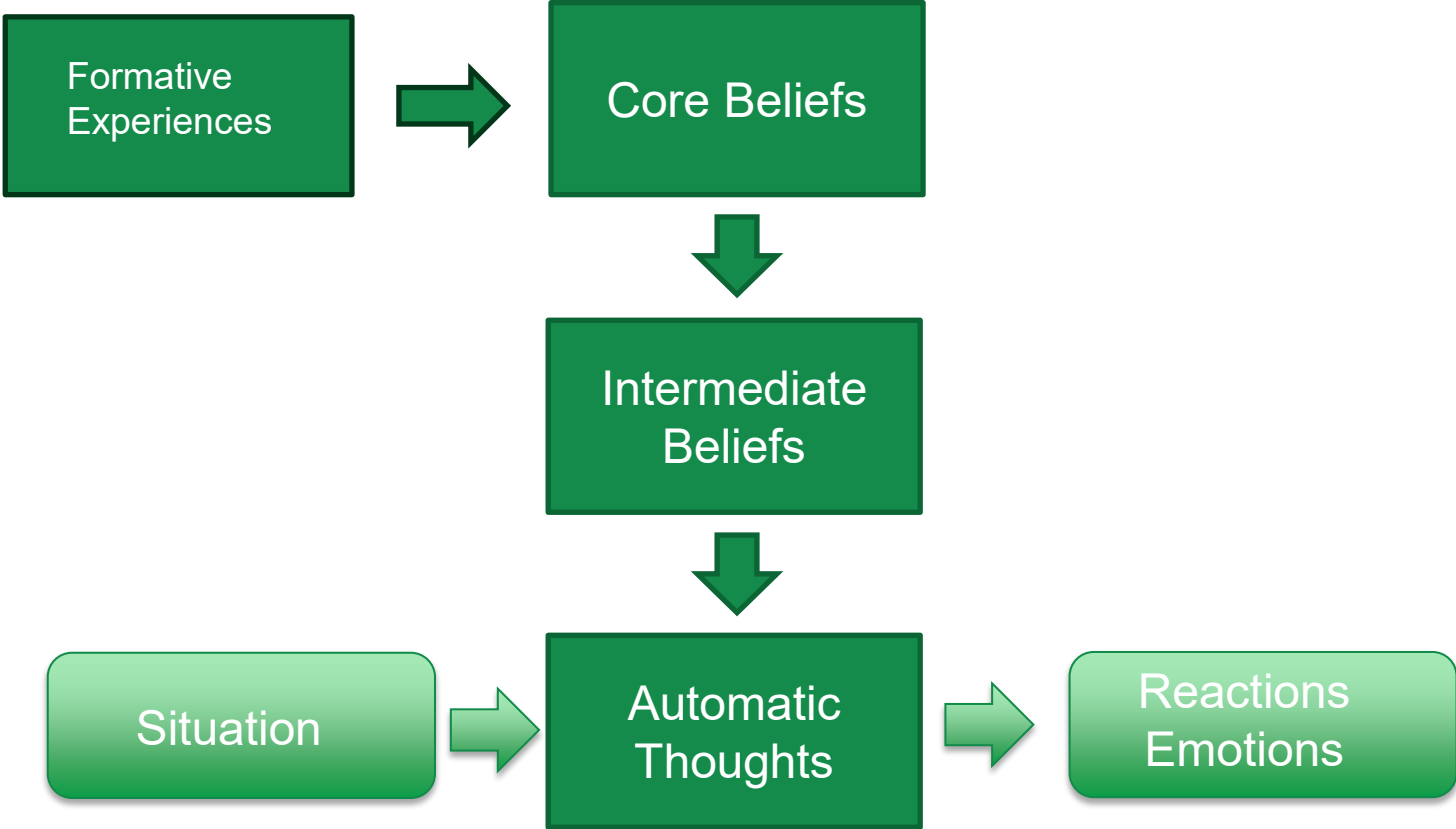
To learn how to evaluate objective evidence that supports and contradicts gambling beliefs

To learn how to develop healthy, alternative beliefs related to gambling

**CBT approaches to GD encourage:**

- Correction of gambling-related cognitive distortions
- Introduction of healthy, non-gambling activities
- Learning relapse prevention skills

# Aaron Beck's Cognitive Model



# Some Techniques

## Socratic questioning

- Probing for evidence for or against a particular line of thinking that may be contributing to continued gambling and encouraging a broadening of perspectives
- What is evidence for/against thought? How is thought useful?
- Can be corrective of distorted thinking

## Downward arrow technique

- Method to uncover core beliefs that may be contributing to current maladaptive ways of thinking and behaving
- E.g., “If that belief is true, what would that say about you?”

# Downward Arrow Example

Client (C): After I lose, I just can't stop gambling more.



Therapist (T): What does that mean to you, if you can't stop yourself?



C: That I have no self-control, I'm weak.



T: And what if you're weak and have no self-control, what does that say about you?



C: That I'm a failure. That I'm a disappointment.

# CBT for GD Comes Primarily from the SUD Literature

Very simply put, CBT attempts to help patients recognize, avoid, and cope. That is, **RECOGNIZE** the situations in which they are most likely to use cocaine, **AVOID** these situations when appropriate, and **COPE** more effectively with a range of problems and problematic behaviors associated with substance abuse.

# CBT as Applied to Gambling Disorder

- High-risk situations
- Functional Analysis
- Cognitive distortions
- Individualized training
- In-session practice
- Homework (but I don't call it that)

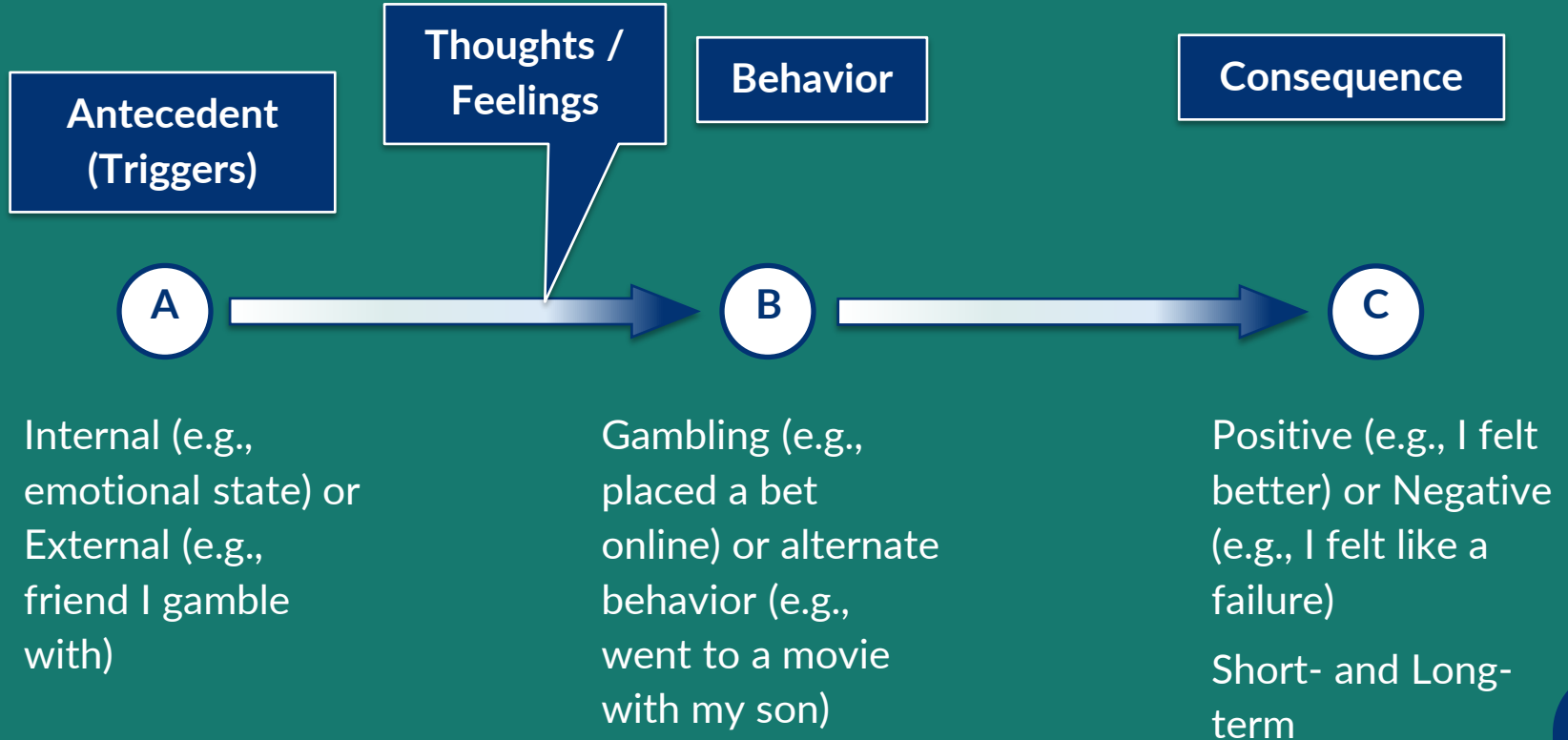
# Triggers

Trigger	%
<b>Lack of structured time</b> (boredom; extra time; nothing to do)	51.3
<b>Negative emotional state</b> (depressed; bad day at work; lonely; anxious)	44.9
<b>Gambling reminders</b> (seeing a sign for the casino; watching sports on TV)	37.2
<b>Access to money</b> (just got paid; have some extra money)	33.3
<b>Financial concerns</b> (chasing; thoughts about bills; want money to buy stuff; need to repay debt)	17.9
<b>Social / interpersonal</b> (friends want to gamble; arguing with my wife; want to be around others)	16.7
<b>Other</b> (feeling good; wanting fun; Thursday evenings; driving)	24.4

*(Morasco et al., 2007)*

Triggers are internal (e.g., emotional states) or external (e.g., people, places and things) events/states that increase the likelihood that one will gamble.

# Functional Analysis



# Addressing Distorted Thinking

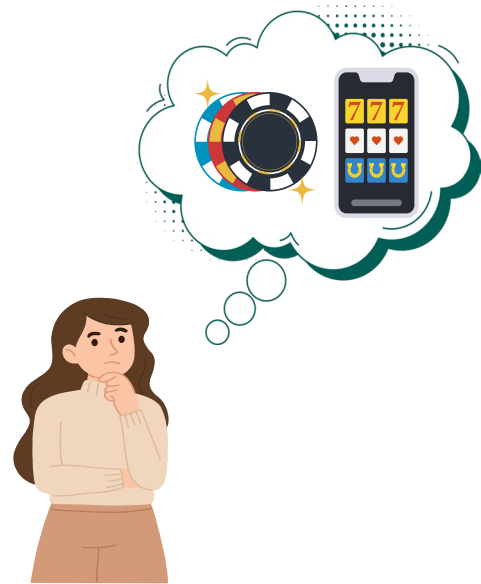


- Irrational ways of thinking - result in or maintain pathological behavior and / or psychopathology
- May be errors or exaggerations in thoughts
- Often thought of in terms of depression and anxiety (e.g., catastrophizing)
- Erroneous or illogical learned assumptions, beliefs, and self-statements, such as the belief that one can control or predict gambling outcomes (*Raylu & Oei, 2004*)

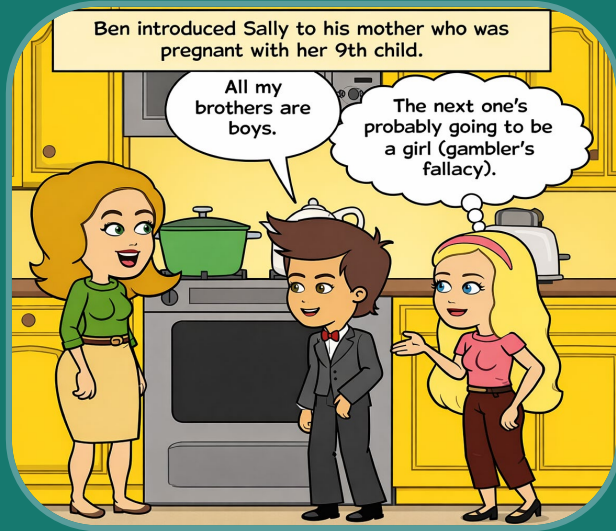
# Applied to Gambling

Most problem gamblers have distorted thinking particularly around wins and losses.

- “I’m on a hot streak.”
- “If I just get to \$X, I’ll get up and leave.”
- “I know how to pick the ‘right’ slot machine to maximize my winnings.”



# Common Distortions



**Gambler's Fallacy** - The mistaken belief that a chance event that has been occurring more frequently than thought to be normal will be less likely to happen in the future.

**Illusion of Control** - Tendency to overestimate one's ability to control events – When one believes they control things that they do not influence

Journal of Gambling Studies (2020) 36:669–683  
<https://doi.org/10.1007/s10899-019-09895-4>

ORIGINAL PAPER



## Gambling-Related Cognitive Distortions in Residential Treatment for Gambling Disorder

David M. Ledgerwood<sup>1,2</sup>  · Fiona Dyshniku<sup>2</sup> · Jeffrey E. McCarthy<sup>2</sup> ·  
Dragana Ostojic-Aitkens<sup>1,2</sup> · Jennifer Forfitt<sup>3</sup> · Shawn C. Rumble<sup>3</sup>

Published online: 27 September 2019

© Springer Science+Business Media, LLC, part of Springer Nature 2019

# GRCS

## Gambling Related Cognitions Scale (GRCS)

1

**Interpretive Control / Bias:** Perceived ability to interpret/control ambiguous events (I have skills)

2

**Illusion of Control:** Overestimation of ability to control events through rituals or behaviors

3

**Predictive Control:** Prior events can be used to predict future events (e.g., Gambler's Fallacy)

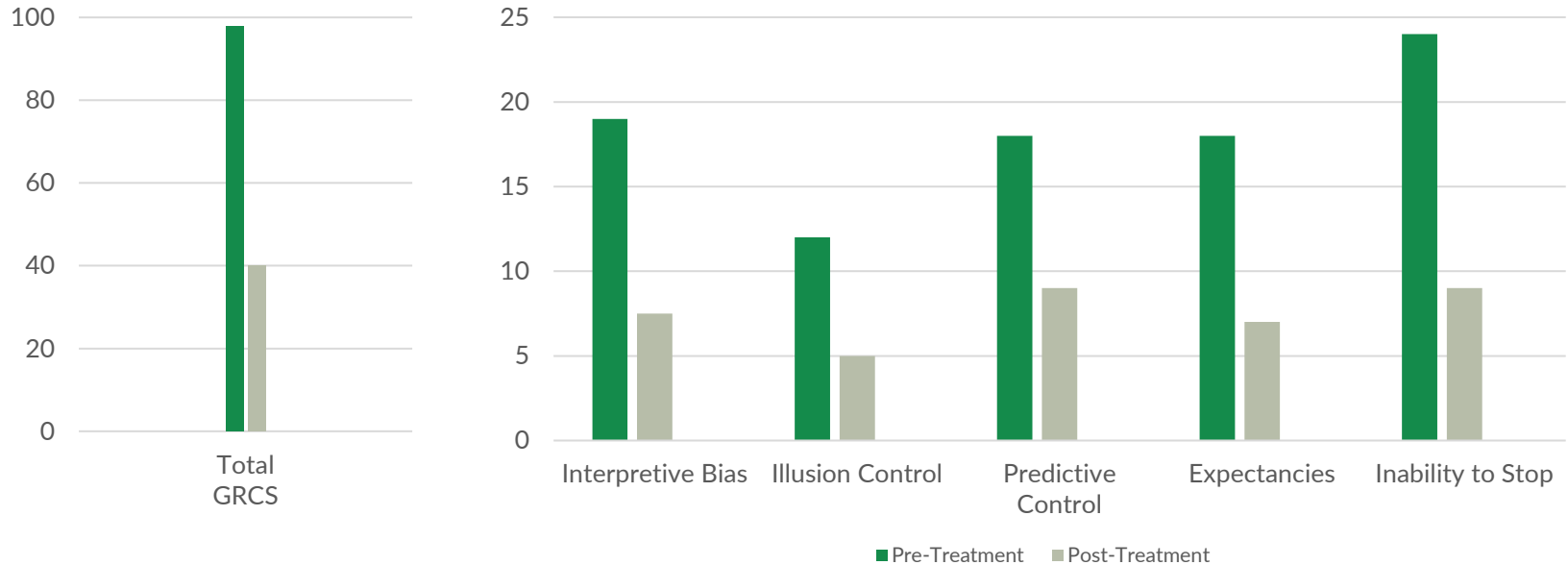
4

**Gambling-Related Expectancies:** Gambling will result in positive feelings (e.g., reduced stress)

5

**Perceived Inability to Stop Gambling:** Desire to gamble is overpowering

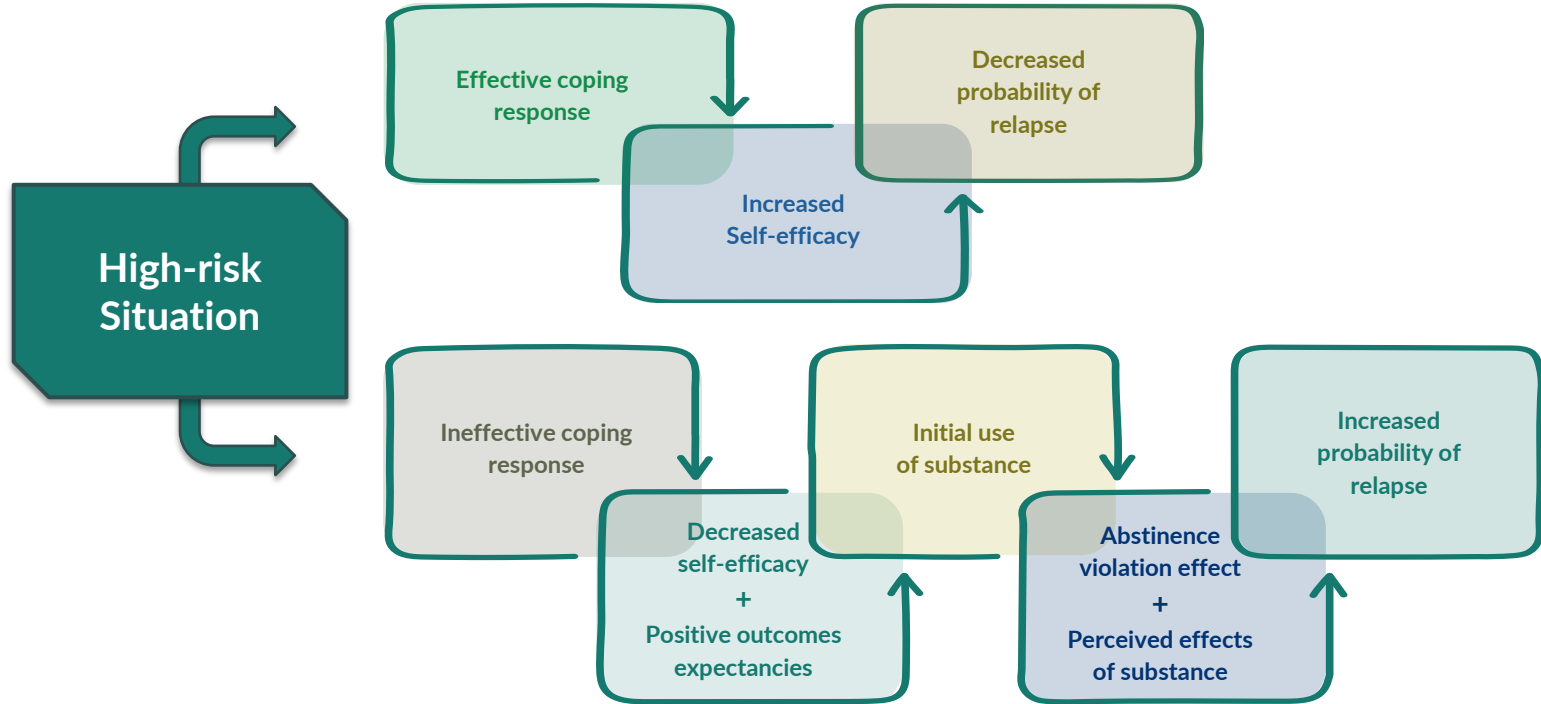
# Changes in CDs Across Time



*All p values < .01*

(Ledgerwood et al., 2020)

# CBT Model of Relapse Prevention



# Critiques of CBT for GD



- Long-term effects
- Inconsistency in outcomes
- Appropriate outcomes? E.g., abstinence vs. gambling harm
- Comparisons with other interventions lacking
- Studies with co-occurring disorders
- *Is a focus on behavior and cognitions too narrow?*

# Third Wave CBTs

1

CBTs that emphasize acceptance, mindfulness, emotional awareness, and living consistent with values

2

**Acceptance and Commitment Therapy (ACT):** Accepting distressing thinking and committing to moving toward behaviors consistent with values

3

**Dialectical Behavior Therapy (DBT):** Incorporates mindfulness with strategies to manage emotions, reduce destructive behaviors and improve relationships

4

**Mindfulness-Based Cognitive Therapy:** Integrates mindfulness strategies into CT

5



**Metacognitive Therapy:** Changing beliefs about thinking processes

# Motivational Interviewing





## The efficacy of motivational interviewing for disordered gambling: Systematic review and meta-analysis

Igor Yakovenko  , Leanne Quigley, Brenda R. Hemmelgarn, David C. Hodgins, Paul Ronksley

University of Calgary, Canada

- Systematic review (n=8 studies; N=730 participants) and meta-analysis (n=5 studies; N=477 participants)
- MI related to reductions in gambling frequency up to 1 year follow-up
- MI related to reduced gambling expenditure at post-treatment

# Motivational Interviewing Definition

- A directive, client-centered method for enhancing intrinsic motivation to change by exploring and resolving ambivalence (*Miller & Rollnick, 2012*)
- Style vs. therapy
- Client centered – listening and reflecting
- Focused on ambivalence
- Focused and goal directed



# Basic Elements of MI

## Spirit of MI

- Collaboration
- Evocation
- Respect

## Guiding Principles

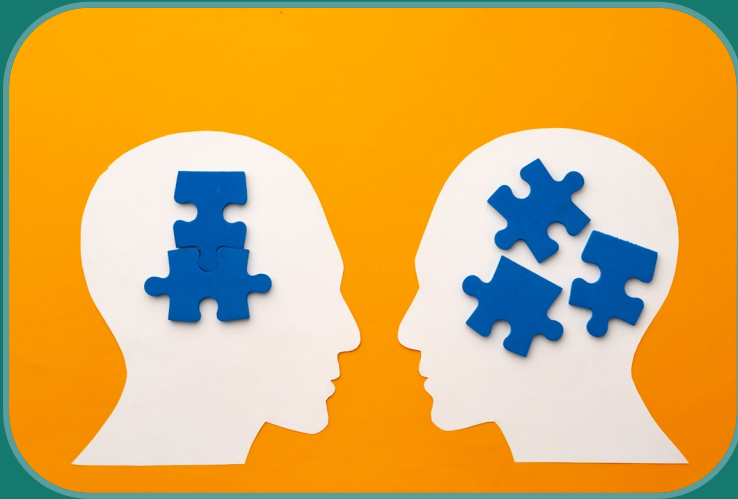
- Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy

## Basic Methods

- Open Questions
- Affirmation
- Reflective Listening
- Summary
- Elicit Change Talk

# The Importance of Developing Discrepancies

- Change talk vs. sustain talk
- Developing the discrepancy
- Challenge client to examine inconsistencies between behavior and goals / values
- Therapist takes an interested but neutral stance
  - “I want to know how you come to this conclusion.” “Help me understand how you think of your gambling when you also feel like it’s hurting you?”



# How Might we Integrate Third Wave Interventions?



# Third Wave CBTs

1

CBTs that emphasize acceptance, mindfulness, emotional awareness, and living consistent with values

2

**Acceptance and Commitment Therapy (ACT):** Accepting distressing thinking and committing to moving toward behaviors consistent with values

3

**Dialectical Behavior Therapy (DBT):** Incorporates mindfulness with strategies to manage emotions, reduce destructive behaviors and improve relationships

4

**Mindfulness-Based Cognitive Therapy:** Integrates mindfulness strategies into CT

5

**Metacognitive Therapy:** Changing beliefs about thinking processes

# Mindfulness Based CBT

- Mindfulness – “...awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to things as they are” (Segal et al., 2002)
- Combines mindfulness meditation practices with CBT principles
  - Early incorporation of meditation, guided body scans, mindful movement, breathing exercises, awareness exercises
  - Later emphasis on independent practice and expanding mindful awareness to mental events (thoughts emotions) that previously may have been avoided

# Mindfulness Based CBT

- Metacognitive awareness (thoughts are just events, not reflections on truths) rather than emphasizing changing thoughts as in CBT
- Allows clients to be more aware of patterns of thinking to address problems more proactively
- Interrupting automatic connections between negative mood, negative thinking and other triggers (e.g., fatigue) that might lead to lapses
- Moving from self-critical thinking to non-judgmental experience of the world and self
- Can be aware of difficult/unwanted thoughts/feelings but viewed from a self-compassionate perspective
- Connection with self

# Example of Mindfulness – Mindful Breathing

5-30 minutes, comfortable position

Bring attention to your body, become aware of your breathing

Focus on breathing in and out

If an urge or intrusive thought arises, notice it without judgement – acknowledge it

Bring your focus gradually back to breathing

Repeat



# Example of Mindfulness – Urge Surfing

Initially adapted by Alan Marlatt for  
Relapse Prevention

Used in ACT and DBT

Don't fight your urges. Rather,  
experiencing them without trying to resist  
or judge them

Use imaging – imagine yourself as a  
surfer, riding the top of the wave (which  
represents the urge)

Ride out the urge until it dissipates



# What do these exercises do?

Awareness of  
internal states

Reduced  
emotional  
reactivity/Calming

Changing  
thinking about  
“negative”  
thoughts

Acceptance of  
current state

Self-acceptance  
and Self-care

# How Mindfulness Based Cognitive Therapy Differs from Traditional CBT

## ***MBCT***

- Thought process
- Promote being with painful affect
- Distinguish thoughts as thoughts (not fact)
- Notice and allow thoughts without fixing or avoiding
- Present moment aware

## ***CBT***

- Thought content
- Promote new way of looking at painful affect
- Distinguish dysfunctional from healthy thoughts
- Challenge dysfunctional beliefs
- Behavioral reinforcement of adaptive responses

# Evidence for Mindfulness-Based Interventions





AKADÉMIAI KIADÓ

Journal of Behavioral Addictions

15 (2026) 1, 115-134

DOI:  
10.1556/2006.2025.00100  
© 2025 The Author(s)

## Mindfulness-based interventions for gambling disorder: A systematic review

ATANAS TANNOUS<sup>1,2\*</sup>, ZSOLT DEMETROVICS<sup>2,3,4</sup>,  
BHAVYA CHHABRA<sup>5,6</sup> , ALEXANDER LOGEMANN<sup>2,9</sup>,  
ANDREA CZAKÓ<sup>2,4</sup> , MARK D. GRIFFITHS<sup>7</sup> and  
ATTILA SZABO<sup>5,8</sup>

<sup>1</sup> Doctoral School of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary

<sup>2</sup> Institute of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary

<sup>3</sup> Flinders University Institute for Mental Health and Wellbeing, College of Education, Psychology and Social Work, Flinders University, Bedford Park, SA, Australia

<sup>4</sup> Centre of Excellence in Responsible Gaming, University of Gibraltar, Gibraltar

<sup>5</sup> Institute of Health Promotion and Sport Sciences, Faculty of Education and Psychology,

- 2026 Review of 12 studies
- 5 RCTs, 1 controlled pilot, 2 repeated-measure, 1 mixed method
- Combined CBT and mindfulness led to declines in problem gambling behavior
- Limited due to methodological differences between studies, and several studies with very small samples
- Not clear how much change is due to mindfulness components

# Acceptance and Commitment Therapy (ACT)



BASED IN CBT AND DBT FOCUS ON  
CHALLENGING DISTORTED THINKING



ALSO INVOLVES MINDFULNESS AND  
FOCUS ON EMOTION REGULATION.  
DEVELOPMENT OF PSYCHOLOGICAL  
FLEXIBILITY

Originated by Hayes and colleagues

# ACT Underlying Concepts

- Philosophical base in functional contextualism – wholistic approach placing the person in context
- Relational Frame Theory – We learn from the environment in a bi-directional manner which is a double-edged sword
- General Goal of ACT – “...undermine the grip of ....cognition that occasions avoidance behavior and to construct an alternative context where behavior in alignment with one’s value are more likely to occur.” (Hayes, Masuda & De Mey, 2003)
- Clients have a narrowness or inflexibility in their behavioral repertoires
- Time/energy is wasted in attempt to avoid/escape negative feelings

# Six Core Processes of ACT

**Acceptance** – Actively embracing one’s experience

**Cognitive Defusion** – Alter undesirable function of thoughts, rather than the thought itself

**Being Present** – non-judgmental experience of the world directly

**Self as Context** – “observing self”, taking on an impartial perspective that notices experiences without attachment to them

**Values** – Moving toward those things one values interrupted by disorder – “what do you want your life to stand for?”

**Committed Action** – Encourage a pattern of effective action toward values

Hayes, Luoma, Bond, Masuda, & Lillis, 2006.

# ACT Use of Metaphors and Paradoxes

- Less confrontational and less directive
- Example
  - Man in the Hole Metaphor
    - Client imagines she has been placed in a field to wander blindfolded with a tool bag
    - Told that living means running around the field
    - Field is filled with large holes
    - Eventually client falls in a hole and can't get out
    - The tool bag only contains shovels, so they begin to dig
    - The hole gets bigger and they are no closer to escape
  - Shovels are for digging holes, not escaping from them
  - Analogy for one's current situation

# Dialectical Behavior Therapy (DBT)

- Developed by Marsha Linehan to help people with chronic suicidality, and has been adapted for addiction treatment
- Dialectical – Promoting two opposing goals, change (desire to eliminate pain) and acceptance (acceptance of inevitable pain)
- Addresses emotional dysregulation that is often associated with SI and with conditions such as borderline personality disorder

# DBT – Four Primary Skills

- ***Acceptance Skills***

- *Mindfulness* – Being present in the moment
- *Distress Tolerance* – Coping with pain without harmful behaviors; Radical Acceptance

- ***Change Skills***

- *Emotion Regulation* – Manage intense emotions; increase positive
- *Interpersonal Effectiveness* – Communication, boundaries and self-respect

# DBT – Radical Acceptance

- Freedom from suffering requires acceptance from deep within of what is. Let go of fighting reality
- Acceptance is the only way out of hell
- Pain creates suffering only when you refuse to accept the pain
- Deciding to tolerate the moment is acceptance
- Acceptance is acknowledging what is
- To accept something is not the same as judging it good

# Adapting DBT for SUD to GD – Order of DBT Targets

- Decreasing gambling
- Alleviating discomfort associated with abstinence/withdrawal
- Diminishing urges, cravings, temptations to gamble
- Avoiding opportunities and cues for gambling – e.g., roadblocks
- Reducing behaviors conducive to gambling
- Increasing community reinforcement of healthy behaviors – e.g., relationships

Push for immediate cessation of gambling (Change), while also accepting that relapse is not the end of the road (Acceptance)

# Third Wave Therapies and Gambling Disorder

No large  
clinical trials

Smaller pilot  
studies and  
case  
examples

Nevertheless,  
clients often  
find these  
techniques  
helpful

Evidence  
from SUD  
literature



# What Do Third Wave Therapies Add (Beyond Traditional CBT and MI)?

## CBT

Evaluation  
of Thinking

Behavior  
Patterns

Coping

## MI

Motivation

Autonomy

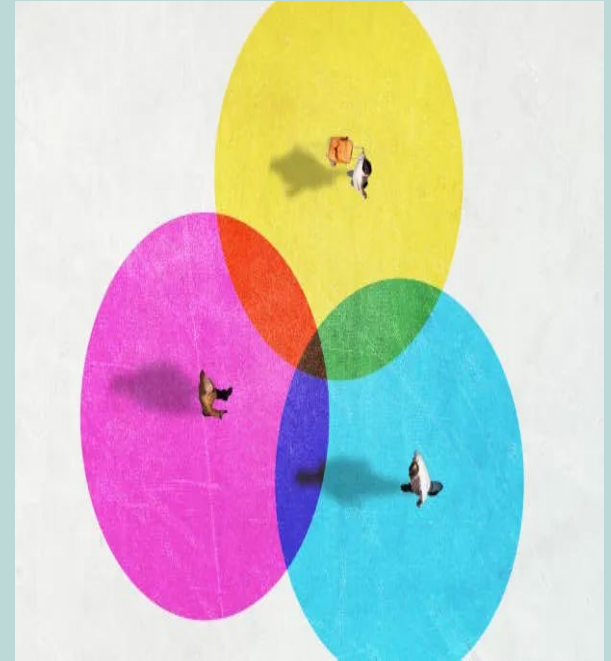
Evocation

## Third Wave

Affect  
Regulation

Self-  
Awareness

Values





# Treatment of Co-occurring Disorders





## Interventions for comorbid problem gambling and psychiatric disorders: Advancing a developing field of research

N.A. Dowling <sup>a,b,c</sup>  , S.S. Merkouris <sup>a</sup>, F.K. Lorains <sup>a</sup>

<sup>a</sup> School of Psychology, Deakin University, Australia

<sup>b</sup> Melbourne Graduate School of Education, University of Melbourne, Australia

<sup>c</sup> Centre for Gambling Research, Australian National University, Australia

- Identified 21 studies that conducted post-hoc analyses to explore influence of co-occurring problems on treatment outcomes
- Identified 6 randomized studies examining treatment efficacy directed toward specific comorbidity

# Seeking Safety

- 1) Safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions).
- 2) Integrated treatment (working on both PTSD and substance abuse at the same time)
- 3) A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse
- 4) Four content areas: cognitive, behavioral, interpersonal, case management
- 5) Attention to clinician processes (helping clinicians work on countertransference, self-care, and other issues)

From Dr. Najavits's site <http://www.seekingsafety.org/3-03-06/aboutSS.html>

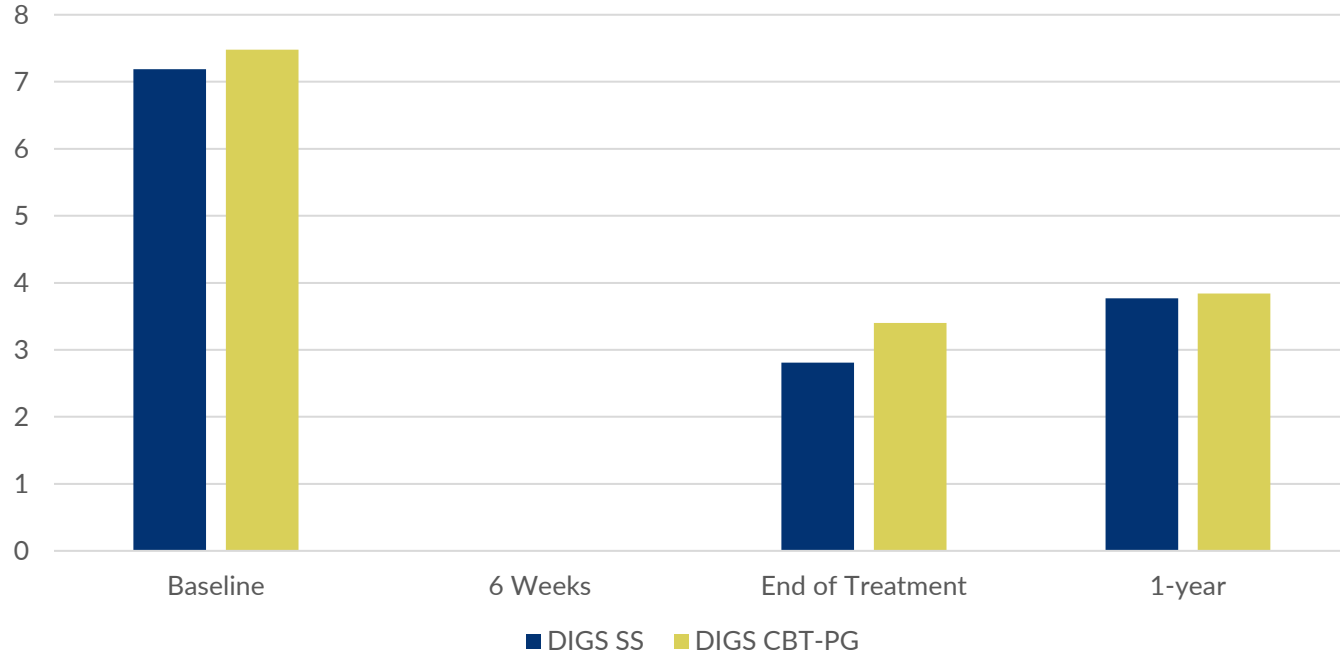
# Seeking Safety vs. CBT for GD and PTSD

- N=65 randomized to Seeking Safety (SS) or CBT
- Treatment was 12 weekly sessions
- Assessments occurred at Baseline, 6 weeks, end of treatment and 1-year
- Main assessments included gambling, PTSD and treatment attendance
- Telehealth

*(Najavits et al., 2023)*

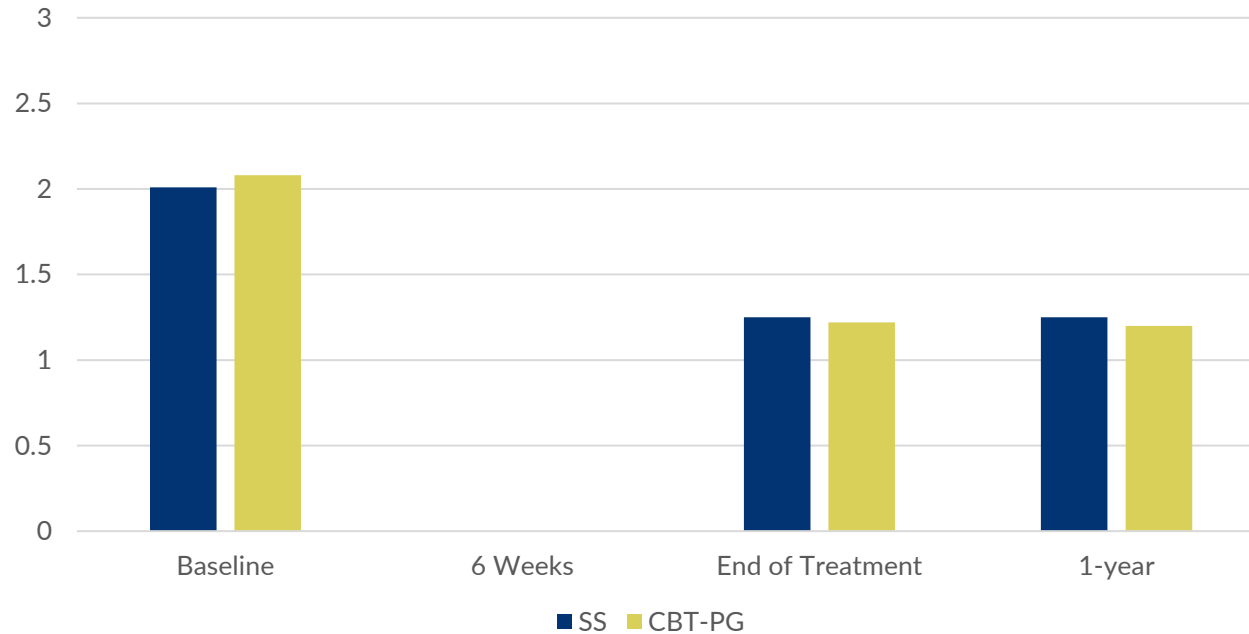


# DIGS Score

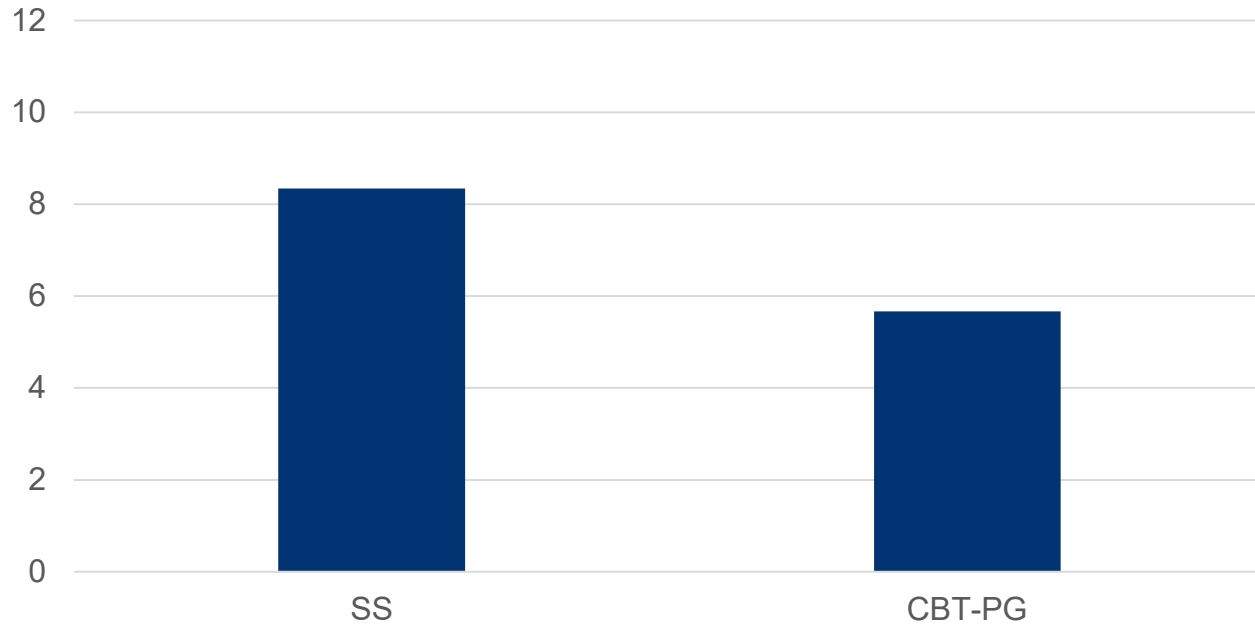


(Najavits et al., 2023)

# CAPS-5 Score



# Sessions Attended





## Additional Elements of GD Care

- Physical Activity
- Diverse Interests
- Financial Counseling
- Family/Peer Support
- Medication Treatment



## Physical Health

- Diet and Exercise
- Reducing Alcohol
- Smoking Cessation
- Dental Health
- Regular Checkups

# THANK YOU!

**David M. Ledgerwood, Ph.D.**

Department of Psychiatry and Behavioral Neurosciences

 [dledgerw@med.wayne.edu](mailto:dledgerw@med.wayne.edu)

 313-993-1380



# Integrating Motivational Interviewing, Cognitive Behavior Therapy and Complementary Therapies for Wholistic Treatment of Gambling Disorder

Wednesday 3pm - 4:30pm

---

Thank you to Northwest ATTC for co-sponsoring this session.

Please scan the QR code below to access the GRPA survey. Please complete this evaluation for the sponsors, in addition to the conference evaluation either on the colored printed sheets at your table or via the app.



WESTERN REGIONAL CONFERENCE ON PROBLEM GAMBLING AWARENESS  
**FOCUS ON THE FUTURE**



**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration