Cognitive Behavioural Therapy vs Cognitive Therapy

Several meta-analytic reviews of the literature have shown Cognitive Behavioural Therapy (CBT) and Cognitive Therapy (CT) to be effective treatments for problem gamblers (e.g., Pallesen, Mitsem, Johnsen & Molde, 2005; Gooding & Tarrier, 2009; Toneatto & Ladoucer, 2003). This document outlines these two approaches to gambling treatment as they relate to Electronic Gaming Machine (EGM) players. The information is intended to provide information to enhance the clinician’s decision-making process about which therapeutic approach to use with clients with gambling difficulties.

Cognitive Behavioural Therapy (CBT)

CBT treatment is based on cognitive theory and behavioural theory. Cognitive theory states that individual’s who play EGMs such as poker machines, hold erroneous beliefs about the way the machines are designed, how they operate, and their ability to influence/predict the outcomes of the machines. Behavioural theory asserts that gambling is maintained by reinforcements in the environment (Ledgerwood & Petry, 2005). Such reinforcements include excitement, which increases arousal levels and motivates gambling behaviour. This excitement and arousal is said to become addictive, and subsequently individuals may experience uncontrollable urges to gamble in gambling situations. Thus, CBT aims to target erroneous beliefs around gambling, in addition to making changes in the environment to avoid gambling triggers and subsequently avoid urges to gambling. A commonly used CBT treatment is that of Nancy Petry, consisting of 8 sessions delivered on an individual basis (see Petry, 2005). A brief description of each session is outlined below.

Session 1: Triggers for gambling and planning for high-risk situations
Session 2: Tracking non-gambling days, functional analysis, and using rewards
Session 3: Increasing pleasurable activities
Session 4: Managing and planning for triggers related to gambling
Session 5: Handling urges, relaxation, and cost-benefit analyses for urges
Session 6: Interpersonal skills building
Session 7: Addressing cognitive biases
Session 8: Planning for the future

Another CBT approach is that of Bujold and colleagues (Bujold, Ladouceur, Sylvain & Boisvert, 1994). The therapy is delivered on an individual basis, spanning 12 weeks. This treatment includes four main components:

Component 1: Changing erroneous beliefs concerning randomness.
Component 2: Problem solving training to help clients cope with difficulties related to gambling, such as having better control over their spending.
Component 3: Social skills training to improve the gambler’s social competence. For example, increasing confidence to refuse invitations to gamble, or dealing with relationships conflicts.
Component 4: Relapse prevention.
Cognitive Therapy

As with CBT, cognitive therapy (CT) aims to uncover the erroneous beliefs that player’s of EGMs hold about gambling. This approach asserts that problem gambling arises when players persist with gambling despite the losses, believing that they will be able to recoup the losses through further gambling (Ladouceur & Walker, 1998). Thus, cognitive theory assumes that the primary motivation to gamble lies in the acquisition of money (Ladouceur & Walker, 1998). Since all legalised forms of gambling are structured so that the expected return is less than the sum wagered, understanding why players believe they can make money from gambling is key. A criticism of CBT is that it does not give enough emphasis to the gambler’s attempts to win money. In CT, other motivations, such as to escape or change mood, may motivate the gambler to start gambling, but do not lie at the heart of what keeps the gambler gambling during a session (Anjoul, 2012).

A well-researched approach to cognitive therapy is that of Ladouceur and his colleagues. This treatment is administered on an individual basis, with one or two weekly sessions, with a maximum of 20 hours of treatment. There are four main components to the treatment (see Bujold, Ladouceur, Sylvain & Boisvert, 1994 & Ladouceur & Walker, 1998).

**Component 1:** Understanding the concept of randomness  
**Component 2:** Understanding erroneous beliefs held by the gambler  
**Component 3:** Awareness of inaccurate perceptions  
**Component 3:** Cognitive correction of erroneous perceptions

Cognitive Deconstructional Therapy is another type of cognitive therapy (Anjoul, 2012). It aims to examine erroneous cognitions relating to the ability to win money, while providing players with accurate information and understanding of how EGMs actually work.

Cognitive Deconstructional Therapy consists of 8 manualised sessions administered on an individual basis (Anjoul, 2012).

**Session 1:** Examining early experiences and first impressions of gambling  
**Session 2:** Assessing stages of gambling  
**Session 3:** Uncovering the theory of winning maintaining the gambling  
**Session 4:** Understanding the true nature of randomness  
**Session 5:** Understanding return to player percentage  
**Session 6:** Exploring the futility of gambling  
**Session 7:** Addressing non-financial motivations for gambling  
**Session 8:** Relapse prevention.

This paper has outlined two empirically supported approaches, cognitive behaviour therapy and cognitive therapy, to treating problem gamblers, with specific reference
to electronic gaming machines. Each therapy is underpinned by a theoretical model, which determines the focus of the sessions. It is hoped that this information will aid the clinician in determining which approach is most suitable for individual clients.

References


