

## TREATMENT OF PATHOLOGICAL GAMBLING - INTEGRATIVE SYSTEMIC MODEL

Ivica Mladenović<sup>1</sup>, Goran Lažetić<sup>1</sup>, Dušica Lečić-Toševski<sup>1,3</sup> & Ivan Dimitrijević<sup>2,3</sup>

<sup>1</sup>Institute of Mental Health, Belgrade, Serbia

<sup>2</sup>Clinic for Psychiatry, Clinical Center of Serbia, Belgrade, Serbia

<sup>3</sup>University of Belgrade, School of Medicine, Belgrade, Serbia

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### SUMMARY

Pathological gambling was classified under impulse control disorders within the International Classification of Diseases (ICD-10) (WHO 1992), but the most recent Diagnostic and Statistical Manual, 5<sup>th</sup> edition (DSM-V), (APA 2013), has recognized pathological gambling as a first disorder within a new diagnostic category of behavioral addictions - Gambling disorder. Pathological gambling is a disorder in progression, and we hope that our experience in the treatment of pathological gambling in the Daily Hospital for Addictions at The Institute of Mental Health, through the original "Integrative – systemic model" would be of use to colleagues, dealing with this pathology.

This model of treatment of pathological gambling is based on multi-systemic approach and it primarily represents an integration of family and cognitive-behavioral therapy, with traces of psychodynamic, existential and pharmacotherapy. The model is based on the book "Pathological gambling - with self-help manual" by Dr Mladenovic and Dr Lazetic, and has been designed in the form of a program that lasts 10 weeks in the intensive phase, and then continues for two years in the form of "extended treatment" ("After care"). The intensive phase is divided into three segments: educational, insight with initial changes and analysis of the achieved changes with the definition of plans and areas that need to be addressed in the extended treatment. "Extended treatment" lasts for two years in the form of group therapy, during which there is a second order change of the identified patient, but also of other family members.

Pathological gambling has been treated in the form of systemic-family therapy for more than 10 years at the Institute of Mental Health (IMH), in Belgrade. For second year in a row the treatment is carried out by the modern "Integrative-systemic model". If abstinence from gambling within the period of one year after completion of the intensive phase of treatment is taken as the main criterion of the effectiveness of our model, at this time it exceeds 90%. Given the relatively short period of application, it is necessary to continue to monitor and evaluate the model after 5 years.

**Key words:** pathological gambling – treatment - Integrative-systemic model

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### INTRODUCTION

Pathological gambling is a disorder whereby a person cannot resist the impulse to gamble, which leads to serious health, family, social and professional consequences. Pathological gambling was officially recognized in 1980, with the publication of the criteria in the Diagnostic and Statistical Manual of Mental Disorders, 3<sup>rd</sup> edition (DSM-III, APA 1980), and it has been classified as an impulse control disorder. More recent studies have found that this entity has all of the characteristics of an addiction, and in the Diagnostic and Statistical Manual, 5<sup>th</sup> edition (DSM-V) (APA 2013), it is classified as the first disorder of the new diagnostic category ("Behavioral addiction") as a Gambling disorder. Current assessments claim that approximately 1-3% of the population meets the DSM-V criteria for pathological gambling (gambling disorder), but they are based on the "authority estimates", rather than hard data (Mladenovic & Lazetic 2014). The fact is that this is a progressing problem which is further exacerbated with the emergence of new forms such as On-line gambling. Moreover, relatively few experts in

the practice know how to recognize the problem, and even fewer know how to treat it adequately.

Treatment of gambling addicts is a complicated and complex process. There is a whole range of obstacles to effective treatment. Among the objective aggravating circumstances are the vagueness of the diagnostic category (impulse control disorder – behavioral addiction), modest epidemiological data (it does not exist in Serbia), lack of sensibility of the health and social systems for the problem, the lack of clear guidelines for treatment and a serious deficit of qualified personnel. The main subjective obstacle to effective treatment is the character of the pathological gambler. He is, as a rule, in resistance (i.e., he considers that the treatment is not necessary), and following the path of least resistance tries to manipulate his family members and therapists (Mladenovic & Lazetic 2014, Dannon et al. 2006).

Psychotherapy is now the dominant form of treatment of pathological gambling. Cognitive-behavioral therapy (CBT) is currently the dominant approach to the treatment of pathological gambling (Toneatto & Ladouceur 2003). There are a large number of (mostly

uncontrolled) studies suggesting that treatment with a focus on the modification of dysfunctional cognitive schemes may lead to termination or reduction of gambling (Boutin et al. 2003, Petry & Armentano 1999, Toneatto 2002). Marital dysfunction among pathological gamblers has been recognized as a problem nearly 30 years ago (Ciarrocchi & Hohmann 1989, McCown & Chamberlain 2000), and it has been confirmed that marital status and satisfaction with family life have a positive correlation to abstinence from gambling (Grant-Kalischuk et al. 2006).

The emergence of general systems theory based on the concepts promoted by Ludwig Von Bertalanffy (Von Bertalanffy 1968) is one of the major conceptual and practical changes in the scientific world of the twentieth century. Systems theory and its key concepts applied in psychology and psychiatry marked the almost revolutionary breakthrough in the understanding and treatment of mental illnesses and dysfunctions. A key reversal was the replacement of etiological (linear) model with a circular one, and the replacement of the moralist with the interactive approach. The beginnings of systemic family therapy in Serbia date back to the 1970s. In 1973, Dr Gacic applied the family therapy in the treatment of alcoholism, and developed a distinctive "Belgrade ecosystemic approach" (Gacic 1978) at the Institute of Mental Health (IMH) in Belgrade. In the mid nineties of the twentieth century, this approach was applied for dealing with pathological gamblers, in the same institution.

## **INTEGRATIVE-SYSTEMIC MODEL**

The Integrative-systemic model for the treatment of pathological gambling is an original therapeutic approach developed by Dr Mladenovic, in collaboration with Dr Lazetic, and is being implemented in the Daily Hospital for Addictions IMH. This model is a logical continuation of "ecosystemic approach" developed by Dr Gacic and largely relies on it, but at the same time adapted to the specific psychopathology, socio-cultural context and it incorporates (integrates) the latest therapeutic advances in the field of treatment of pathological gambling. The model is based on the book "Pathological gambling - with self-help manual" (Mladenovic & Lazetic 2012).

The goal of the treatment is determined by the therapist and client together. Depending on the defined objective, work can be conducted on correction of gambling to an acceptable form (only in cases of risky and possibly problematic gambling), abstinence, establishment of functional social relations (primarily relations within the family) and on the change of the structure of personality i.e. individuation. Therefore, the range of targets should always be kept in mind, and in each case a goal is chosen in accordance with objective diagnosis, potentiality and needs of the client. Legitimate targets for the treatment of pathological gambling are reduction of craving and stress, reduction of the frequency of

gambling, gambling abstinence, learning new behavior patterns/changing mindsets, changes in the family system and individuation-maturation.

Patients rarely volunteer to the treatment, and are usually conditioned by the family or the wider social system (CSW, the Court, the employer, etc.), and thus the patient presents an enormous resistance to the treatment. It is necessary to establish a good therapeutic relationship, and at the same time work on the deepening of the motivation to change. Consequently, in the beginning of the treatment one should be based on supportive techniques, and after the establishment of a stable therapeutic relationship move towards confrontational techniques.

Integrative-systemic model of treatment of pathological gambling is based on multi-systemic approach and it primarily represents an integration of family and cognitive-behavioral therapy, with traces of psychodynamic, existential and pharmacotherapy. This is a flexible model and the length of treatment depends primarily on the set of therapists targets. It can be conducted in a group or individual (family) setting, and in our experience, the best results are obtained when the Integrative-systemic model is implemented via a programme, which will be described below.

## **TREATMENT PROTOCOL**

Integrative-systemic model in the Daily Hospital for Addictions of IMH, is designed in the form of a programme which lasts for 10 weeks in the intensive phase, and then continues for two years in the form of an "extended treatment". The intensive phase is divided into the educational segment, the segment of insight with initial changes, and the segment of analysis of the achieved changes and the definition of plans and areas that should be addressed in extended treatment. "Extended treatment" lasts for two years in the form of group therapy, during which there is a change of the second order of the identified patient, as well as with other family members.

Systemic frame of the model infers a form of treatment, parallel work in the context of multiple systems and techniques in various stages of treatment. The application of system techniques and approaches differ in certain stages of the treatment, but in essence it represents a combination of functional, strategic, structural and psycho-educational approach. One should not forget the postmodern attitude - "the client is the expert", but our experience shows that it is most effective in the "extended treatment".

The program takes place on a daily basis in a group setting on weekdays from 9 am - 1 pm. Groups are open and new members are continually introduced. Given that the focus is on the family system, treatment includes family members (parents or spouses) together with the "identified" patient. Immediately upon entry, the exercise "Financial protection of the family and the plan to pay off debts" is done, as patients enter the

treatment with a significant debt (the usual amounts vary from 1000 to 10000 EUR, although there are patients whose debt amounted to 100000 EUR). The aim of the exercise to prevent further deterioration of the family by means of a structural approach and behavioral methods, but also to give an outlook on the future of the treatment through the debt repayment plan.

During the first, *educational phase* the entire family studies about pathological gambling and "Pathological gambling - with a manual for self-help" is provided as a studying material. In this stage, the aim is to get the patients thoroughly familiar with the issues, to adapt them to the therapeutic conditions of the Daily Hospital environment and to get them to accept the structuring of time. Therapy is conducted according to the "Self-help manual," and in this stage exercises "Structuration of time", "Exposure to situations associated with gambling" and "Enhancing the motivation for treatment" are covered. This phase lasts for two weeks and ends with "An examination in pathological gambling" which is to be taken by all members of the family. This is the stage in which structural systems approach, psycho-educational and behavioral approaches are applied. The epilogue of this phase are "the changes of the first order" - the disappearance of the symptoms from the system (Watzlawick 1974).

*Phase of insight and initial changes* is the central phase of the treatment. Pathological gambler has ceased to gamble, but resistances to further changes in the identified patient and other family members appear. Insight into the "illness in the family," is being done through the chronological analysis of all stages in the development of pathological gambling, as well as "the adaptation stages" of the family members. From the systemic point of view, gambler is merely the identified patient, and gambling is the "selected symptom" which demonstrates the poor functioning of the family. In a family with a member who is a gambler, everyone is discontented, but the members very often "benefit" from this situation, and so the family (marriage) survives in spite of gambling. The true problems are often very complicated and dealing with them is seen as "dangerous". Thus, spouses "find a problem" that is more acceptable to them, which, paradoxically, "in their opinion" is gambling. Resistances in the treatment are overcome mainly through the "systemic strategic interventions" and the deepening of insight is being done through the psychodynamic clarification of the Ego defense mechanisms. In this stage a very focused cognitive approach and work on the "cognitive restructuring" (Hawton et al. 1989, Ladouceur et al. 2001) is being conducted through the exercises from the manual: "Accept that you have a problem of pathological gambling", "Relapse Prevention" and "Understanding situations of high risk". This phase also includes intensive work on the creation of "the network of support" i.e. the reconstruction of the broader social system through the specific task of giving a "public confession". In this context, the exercise "Interpersonal

relations" is being done, since pathological gamblers neglect important social relationships in favor of isolation or in favor of the group of people from the "gambling milieu." Exercise "Recognize your feelings", aims to identify various emotional states as potential triggers for a relapse, with a draft strategy for overcoming them and putting them under control. Model of communication in the family is flawed, as a result of the tendency of gamblers to constantly manipulate the environment and their constant lying about their debts. Exercise "Learn to talk" aims to acknowledge destructive patterns of verbal and nonverbal communication and define new forms of communication based on the assertive communication. Pathological gambling is a disease of an individual, but its destructiveness is reflected on the whole family, so the boundaries between the subsystems are unclear, hierarchy is disrupted, and the roles are intermixed (or concentrated in one person). Exercise "Family roles" aims to restructure the family system. "Philosophy of life" of a pathological gambler is compromised, impoverished and preoccupied with gambling, and his system of values is self-centered, impoverished and devoid of universal values. Work on the "Value system" of the family is a complicated task that begins at this stage, but continues through the whole time of the "extended phase". This phase of the therapeutic process lasts for 6 weeks and ends up in "Grand presentation" and is a kind of an emotional catharsis, whereby previous life is symbolically "put to an end" in the front of the group and the closest people (family, friends) and a turn to the future is made.

In the final phase of treatment, which lasts for two weeks, the patients do the analyses of the achieved changes and the definition of plans and areas that need to be addressed in extended treatment. The objective of this phase is the analysis of the resistances during treatment, recognition of changes achieved in each of the individuals and the family system and the definition of areas that need to be addressed in the extended treatment. In the end, the family has to present a "Rehabilitation plan" and the intensive phase of treatment ends with a "Summary of treatment."

Pharmacotherapy is not the treatment of choice in dealing with pathological gambling, but short-term use of drugs is often useful to shut off the acute mental problem and create conditions for psychotherapeutic treatment. In the pharmacotherapy of pathological gambling, there are three dominant groups of drugs that have been singled out: Selective Serotonin Reuptake Inhibitors (SSRI), opioid antagonists and psycho stabilizers (Pallesen et al. 2007, Dannon et al. 2006). In addition to these groups of drugs, anxiolytics and antipsychotics may be of benefit. We believe that drug therapy should be subordinated to the clinical features, comorbidity, and expert assessment in each of the cases (Mladenovic & Lazetic 2012b).

*"Extended treatment"* ("after care") lasts for two years in the form of group therapy and is characterized

by the treatment of common conditions of everyday life. Its aims are the maintenance of the achieved changes ("stabilization phase") and further growth and development of the family system, during which a "second order change" in the identified patient and other family members occurs. Groups are held twice a month, and we personally prefer the "postmodern" systemic approach to treatment.

## TREATMENT EFFICACY

A two-year implementation of Integrative-systemic model for the treatment of pathological gambling is an extremely short period for any serious conclusions to be drawn in the context of treatment effectiveness. This is supported by the fact that the model was designed to last for two years, with "after care". However, the first results are more than encouraging.

The only relevant parameter of efficacy of treatment, at present, is abstinence from gambling. At the moment, more than 90% of the patients treated with Integrative-systemic model have maintained a one-year abstinence after the end of the intensive phase of treatment. These patients are currently in the "stabilization phase". At the end of it, apart from simple abstinence, "second order change" should be expected to occur, ie. qualitative changes in the functionality of both the patient and the family as a whole.

The first major evaluation of the model is planned after 5 years of application, when in addition to abstinence qualitative improvement after two years of treatment would be assessed by means of the Scale for the assessment of quality of life and other relevant instruments. According to our experience with the implementation of the previous models based on systemic therapy, it is expected that the efficiency of Integrative-systemic model after the evaluation would be in the range between 80 - 90%.

## CONCLUSION

Treatment of pathological gambling at the Institute of Mental Health (IMH) in Belgrade has been taking place for more than 10 years in the form of system-family therapy. This model was developed by Dr Gacic 30 years ago ("Ecosystemic approach") and is primarily oriented towards the treatment of alcoholism. It was updated by Dr Mladenovic, in collaboration with Dr Lazetic, and adapted to the specific psychopathology (pathological gambling) and socio-cultural context of the day. The original "Integrative-systemic model" of the treatment of pathological gambling is based on the multi-systematic approach and represents primarily an integration of family and cognitive-behavioral therapy, with traces of psychodynamic, existential and pharmacotherapy. It incorporates (integrates) the latest therapeutic advances in the field of treatment of pathological gambling. The model is based on the book

"Pathological gambling - with self-help manual" (Mladenovic & Lazetic 2012).

Integrative-systemic model for the treatment of pathological gambling, designed as a programme, is carried out in the Daily Hospital for Addictions at the Institute of Mental Health. The intensive phase of treatment lasts for 10 weeks, and then the treatment continues for two years in the form of an "extended treatment". The program has come to life in early 2012, and therefore the period of 2 years is not sufficient for any serious analysis. However, initial results indicate that the programme is extremely efficient (over 90% abstinents). It is necessary to continue to monitor and evaluate the model after 5 years.

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*Correspondence:*

Ivica Mladenović, MD, MSc  
Head of the Clinic for Addiction Disorders, Institute of Mental Health  
Palmotićevo 37, 11000 Belgrade, Serbia  
E-mail: dr.im@verat.net