

PROVIDING DIALECTICAL
BEHAVIORAL THERAPY TO
PEOPLE WITH GAMBLING
DISORDERS

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WHAT WE'LL COVER

- ❖ I. History
- ❖ II. Description
- ❖ III. How DBT and Gambling Disorder (GD) work together
- ❖ IV. Types of truth
- ❖ V. Three components
- ❖ VI. Wrap-up

WHAT DOES THE GD CLIENT LOOK LIKE?

❖ Picture a client with a GD. What do some of their psychological/emotional challenges look like?



HISTORY

- ❖ Developed by Marsha Linehan in 1993
- ❖ Tried unsuccessfully treating adult women with chronic suicidal behaviors with CBT alone in the 1970's
- ❖ Those patients found the focus on change very invalidating & dropped out of treatment
- ❖ ML modified her approach to be more validating and retain patients
- ❖ The APA stated that DBT is effective as a tool for treating people with GD




HISTORY-CONTINUED

- ❖ ML had a personal history or trauma, mental illness (BPD) & psychiatric treatment
- ❖ She looked at research involving Holocaust survivors and at resilience
- ❖ The findings were that finding positive meaning in a difficult situation and acceptance was essential in emotional success

WHAT IS IT?

- ❖ DBT combines CBT with MBSR (Kabat-Zinn)
- ❖ Mindfulness is paying attention in a particular way with intention and without judgment
- ❖ This may help reduce negative rumination which can lead to relapse
- ❖ This is taught first



WHY DBT WORKS FOR THOSE WITH A GD

- ❖ Many people with a GD lack distress tolerance, emotional regulation , and interpersonal skills
- ❖ They may have high emotional reactivity, high sensitivity & slow to return to baseline
- ❖ Emotional storms may lead to relapse
- ❖ DBT is focused on dealing with these challenges
- ❖ One of the philosophies of DBT is that people are doing the best they can in the moment but can find ways to do better



GD & DBT

- ❖ Acceptance is the key ingredient to the person with a GD as well as for the provider (they must accept that relapses may occur often)
- ❖ The patient's unhealthy behavior helped them to survive but with bad side effects
- ❖ The provider must recognize that gambling is the patient's survival tool and taking that away from them is very frightening

TYPES OF MIND

- ❖ People have different ways of processing information
- ❖ The three types of mind are: emotional, rational, wise



EMOTIONAL MIND

- ❖ Located in the Amygdala
- ❖ Devoid of logic
- ❖ Being very judgmental will increase this



RATIONAL MIND

- ❖ Logical, devoid of emotion



WISE MINDED

- ❖ Synthesis of both
- ❖ Both necessary for good decision making
- ❖ Jonah Lehrer's book How We Decide (2009)(Man with damaged Amygdala)





CHOICES

❖ According to DBT principles, people have four choices when faced with a difficult situation:

1. Do nothing differently
2. Change the source of the stress
3. Change cognitive perception of situation
4. Radically accept the situation

CHANGE

- ❖ According to DBT you can not change until you become aware
- ❖ Once you become aware, you've begun to change



CHANGE METAPHOR

- ❖ The progression of change is well illustrated by the Portia Nelson pothole metaphor:
 - ❖ 1. I don't see the pothole and I fall in
 - ❖ 2. I pretend not to see it and I fall in
 - ❖ 3. I see it but still fall in (but get out quickly; but not my fault)
 - ❖ 4. I walk around it
 - ❖ 5. I walk down a different street

TYPES OF TRUTH

- ❖ DBT recognizes that truth has a lot to do with a person's ability to change. There are 3 types:
 - ❖ 1. Absolutism- Truth is black or white; no in-between
 - ❖ 2. Dialectics- There's truth in all perspectives but not all perspectives are true
 - ❖ 3. Relativism- Truth is in the eye of the beholder


PERSPECTIVE

- ❖ To change perspective you must get different points of view
- ❖ If there are 4 people on 4 different mt. tops, they will view things differently



FUNCTIONS OF THERAPY

- ❖ Therapy should:
- ❖ 1. Enhance and maintain client's motivation to change
- ❖ 2. Enhance their capabilities to change
- ❖ 3. Ensure new capabilities are generalized to new situations
- ❖ 4. Structure the therapy so that change can take place
- ❖ 5. Enhance therapist's motivation to treat client



FEAR OF CHANGE

- ❖ Patients who didn't want to discuss something rewarded therapists who allowed the topics to be changed by being warm and engaging
- ❖ DBT is organized to address problems sequentially so that therapy doesn't keep switching to the "crisis du jour"



MODES OF THERAPY

- ❖ DBT uses individual & group therapy, skills building, telephone contact & consultation
- ❖ Treatment increases motivation, analyzes problem behavior, & develops behavioral alternatives



PRIORITIES

- ❖ The priorities of therapy, in order:
- ❖ 1. Staying alive
- ❖ 2. Staying in treatment
- ❖ 3. Building a better quality of life through the acquisition of new behaviors and skills

THREE COMPONENTS TO DBT

- ❖ Emotional regulation
- ❖ Distress tolerance
- ❖ Interpersonal effectiveness



EMOTIONAL REGULATION

- ❖ We don't control our emotions but, rather, change our response to them
- ❖ ER helps client understand feelings and decrease emotional vulnerability and suffering
- ❖ They learn to recognize and accept feelings before they can let go of them
- ❖ They learn to describe situations rather than judge them
- ❖ They must be mindful of HALT which can lead to emotional dysregulation
- ❖ Which type of person with a GD may be in most need of ER?



ER STRATEGIES

- ❖ IMPROVE:
- ❖ I- Imagery- imagining relaxing scenes or other things that are pleasant
- ❖ M- Meaning- finding positive meaning in what they are feeling
- ❖ P- Prayer
- ❖ R-Relaxation
- ❖ O- One thing, in the moment, being in the present
- ❖ V- Vacation- taking a break from the stressors
- ❖ E- Encouragement- positive affirmations



OTHER ER TOOLS

- ❖ Diary cards- Daily tracking of negative behaviors, i.e. relapse, that originate from emotional storms
- ❖ Chain analysis- what prompted the event, the interpretation of the event, body sensations, action urge, action, emotional name
- ❖ Building positive experiences- finding healthy behaviors that produce positive emotions

DISTRESS TOLERANCE

- ❖ Focus on Radical Acceptance (Should vs. The-way- it-is worlds)
- ❖ RA starts with the therapist- must be non-judgmental, describing behavior without giving it a value, teaching client to do the same
- ❖ Acknowledging transient nature of emotions
- ❖ Use of empathy helps turning of the mind
- ❖ Is this distress danger or discomfort?
- ❖ Compassion for self means learning not to be afraid of negative emotions but rather learning to accept and even embrace them

ACCEPTS

- ❖ A- Activities (positive ones)
- ❖ C- Contribute- helping others
- ❖ C- Comparisons- comparing one's woes with those less fortunate
- ❖ E- Emotions- use of humor or happiness to counter-act destructive emotions
- ❖ P- Push away- put problems on back-burner;
- ❖ T- Thoughts- allow mind to focus on something else
- ❖ S- Sensations- do something else that produces intense feelings other than the ones being experienced now, i.e. go for a fast run, take a cold shower



INTERPERSONAL EFFECTIVENESS

- ❖ DBT helps client understand how their negative behavior
interferes with social goals
- ❖ Improving IE includes improving self esteem and assertiveness
while decreasing impulsivity and reactivity
- ❖ It also includes maintaining sense of self and of relationships with
others



REDUCING JUDGEMENTALNESS

- ❖ Why do people judge?
- ❖ 1. We assume other person understands us (mental short-hand)
- ❖ 2. To control others (not effective)
- ❖ 3. To control own behavior (also not effective)
- ❖ Kabat-Zin describes developing a “beginner's mind”



COGNITIVE DISTORTIONS

- ❖ Different types of cognitive distortions that reduce IE:
- ❖ 1. All or nothing thinking
- ❖ 2. Over generalization
- ❖ 3. Mental filter- dwelling on one negative feature of a situation
- ❖ 4. Jumping to conclusions
- ❖ 5. Mind reading



COGNITIVE DISTORTIONS- CONTINUED

- ❖ 6. Negative fortune telling
- ❖ 7. Catastrophizing
- ❖ 8. Minimization
- ❖ 9. “Should” statements
- ❖ 10. Personalization
- ❖ 11. Thought fusion



EFFECTIVE BEHAVIORS

- ❖ Strategies that improve IE:
- ❖ 1. Emotional modulation
- ❖ 2. Self-validation
- ❖ 3. Realistic judgment
- ❖ 4. Active problem solving
- ❖ 5. Balancing demands & priorities



EFFECTIVE BEHAVIORS- CONTINUED

- ❖ 6. Learning to ask for help aligning behaviors with goals
- ❖ 7. Assertiveness- includes objectives, self-respect, & relationship effectiveness



OBJECTIVES EFFECTIVENESS

- ❖ 1. Standing up for what you want
- ❖ 2. Requesting others to do things in a way that they do it
- ❖ 3. Setting boundaries- learning to say no appropriately
- ❖ 4. Resolving interpersonal conflict effectively
- ❖ 5. Using effective communication skills



SELF-RESPECT EFFECTIVENESS

- ❖ Characteristics include: honesty, truthfulness, integrity, sticking to one's values commitment, persistence, and avoiding self-destructive behaviors like people-pleasing, acting like a victim, relapsing and other short-term at the expense of long-term gain behaviors



RELATIONSHIP EFFECTIVENESS

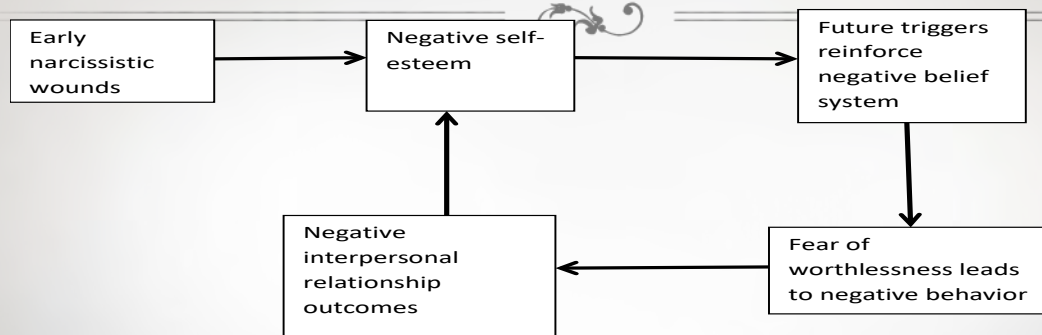
- ❖ 1. Balancing what's good for the individual with what's good for the relationship
- ❖ 2. Effective compromising- negotiable vs. non-negotiable
- ❖ 3. Learning how to validate others
- ❖ 4. Be attentive

POSITIVE RESPONSES

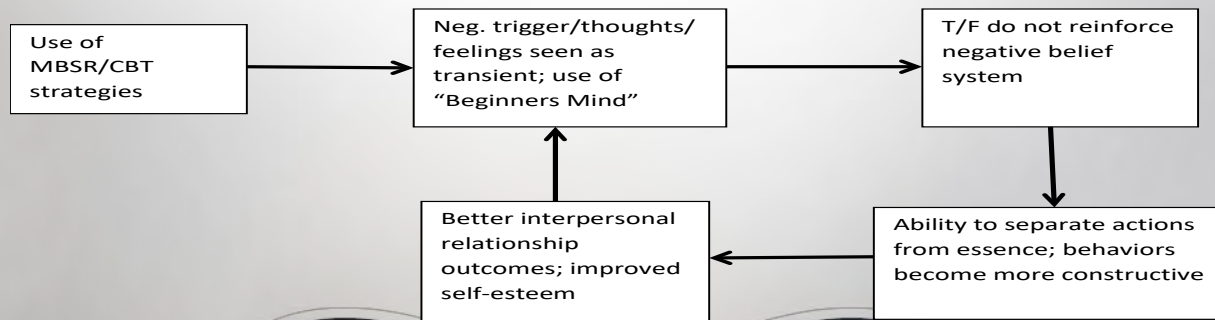
- ❖ Responses can be constructive vs critical; assertive vs passive
- ❖ Example: A man walks in and tells wife he got a promotion:
 1. **Constructive- Assertive:** “That’s great honey. Tell me all about it.”
 2. **Constructive –Passive:** “That’s nice”
 3. **Critical-Passive:** “Well my boss said he couldn’t run our department without me.”
 4. **Critical- Assertive:** “Don’t get a big head about it. You can be so egotistical”
- ❖ Which of these four statements improve IE?

IMPROVING SELF-PERPETUATING CYCLES

Negative self-perpetuating cycle:



Changing the paradigm:







WHY ARE DOGS SO
GOOD AT DBT?

THEY ARE MINDFUL



Mind full

versus

mindful



THEY ARE GOOD AT MEDITATING



GOOD AT EMOTIONAL REGULATION

- ❖ They don't hold grudges and forgive easily; can be joyful quickly



GOOD AT INTERPERSONAL RELATIONSHIPS

- ❖ They help people who struggle with distress tolerance



RESOURCES

- ❖ Skills Training Manual for Treating Borderline Personality Disorder, Marcia Linehan, 1993
- ❖ DBT Skills Workbook: Practical DBT Exercises, McKay, Wood, Brantley, 2007
- ❖ Linehan Institute site: www.behavioraltech.org
- ❖ Linehan UofW site: <http://faculty.washington.edu/linehan/>



WRAP-UP

- ❖ Questions?
- ❖ Thank you!!