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away from Problem Gambling through the Pathway Model

Discussion of practical treatment differentiations
following Alex Blaszczynski's Pathway Model

Roberto Ballerini

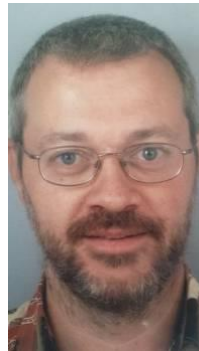


ingrado

servizi per le dipendenze

Medicina delle Dipendenze

Responsabile Psicologia clinica e Psicoterapia



Roberta Smaniotto



Clinical pathway

- 1 **Social players**
.disponibility
- 2 **Deficiency players**
.vulnerability
- 3 *.impulsive + antisocial
temperament*

(Blaszczynski, Nower 2002)

Drinker typologies by E. M. Jellinek

	Subj. need	AUGMENTATION ↓	Social use
seldom	Aα		Bβ
often	Γγ		Δδ
Eε			

Clinical pathway

	Pathway of Problem Gamblers	Conditions
1	Behavioral Conditioned	Environment Big win Social Gambling Family History
2	Emotional Vulnerable	Depression Anxiety PTSD
3	Antisocial Impulsivist	Antisocial Pers. Disorder Borderline Pers. Disorder

Geel, Fisher (2015) p. 32

Help seeking

“Help-seeking for disordered gamblers is predominantly crisis-driven rather than inspired by a conscious desire to address a problem (...) Once the crisis resolves – at least temporarily – gamblers may view treatment as unnecessary”

(Evand, Delfabbro 2005, cit by Nower 2014, p. 431)

Help seeking

**autonomous
dependent**

- (Nadler 1987)

**Intentions
Behaviours**

- (Satoro 2015)

MOTIVATION is not a stable disposition (Petry 1991)

Motivation ≠ Volition

Treatment involvement

Drop Outs because of

- **Psychopathology**
- **Multiple Dependence**
- **[week Motivation]**

(González-Sicilia Fernández 2015)



**Clinical
Investigation!**

Treatment involvement

		<i>psychopathology</i>
1	SOCIAL PLAYERS <i>disponibility</i>	Low 51 %
2	DEFICIENCY PLAYERS <i>vulnerability</i>	Middle 29 %
3	<i>impulsive and antisocial temperament</i>	High 20 %

(Blaszczynski, Nower 2002)

(Nower et al. 2012)

Treatment involvement

Impulsivity *UPPS-P*

- No gender difference

Sensation Seeking

- Gravity predictor (SOGS)
- Decreases with age

(Savvidou et al. 2017)

Positive Urgency

- Increases with age

Negative Urgency

- Correlation with morbidity (DSM-IV, SCL-90)

Treatment necessities

1 SOCIAL PLAYERS
disponibility

psycho-education, brief
interventions, brief CBT

2 DEFICIENCY PLAYERS
vulnerability

psychotherapy intervention
[indiv. focus?]

3 *impulsive and antisocial
temperament*

*psychopharmacology and
intensive interventions*

(Blaszczynski, Nower 2002)

(Blaszczynski, 2016)

Practical Considerations

Symptoms oriented Treatment

1. Ambivalent T.motivation
2. Gambling spec. Cognitions
3. Relapse Prevention
4. Background Problems

(adapted from Petry 2015, p. 166)

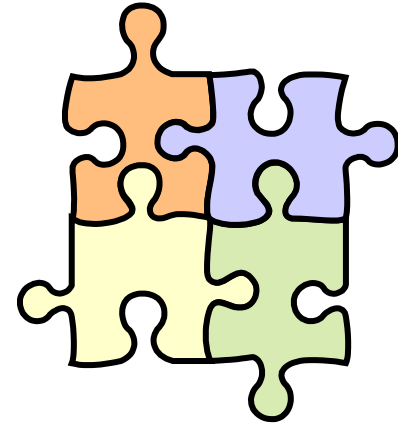


Treatment **priority** on
the more recently
developed problems

Practical considerations

- ✓ ask for expectations
- ✓ assess readiness to change
- ✓ offer a recovery plan
- ✓ negotiate a therapy agenda
- ✓ set realistic goals for change
- ✓ program intermediate steps
- ✓ enforce commitment
- ✓ program periodical evaluations
- ✓ provide feed-backs

Strategic
Therapy
Negotiation



***The paradox is that when
resistance is fully accepted,
the resistance disappears.***
Adyashanti

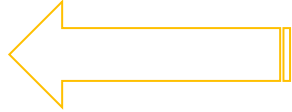
Self Healing

spontaneous



Not Clinical Factors

facilitated/assisted



Aspecific Factors

Pers., soc. resources

Relat. Competences

Hope

(Schaffer, La Plante 2008)

Treatment Goals

Self Change Promotion

(Klingemann 2006, Sobell 2005)

“assisted” Self Change

(Schaffer, La Plante 2008)

Harm Reduction through:

- ➔ Moderation management
(Responsible Drinking; Moderate Drinking) (Kishline, www.moderation.org)
- ➔ Controlled Drinking
(Körkel 2002, Peele)
- ➔ Contingency Management
- ➔ Self-Exclusion

“Slow Games”

(Croce, Arrigoni 2017)

“Controlled Gambling”

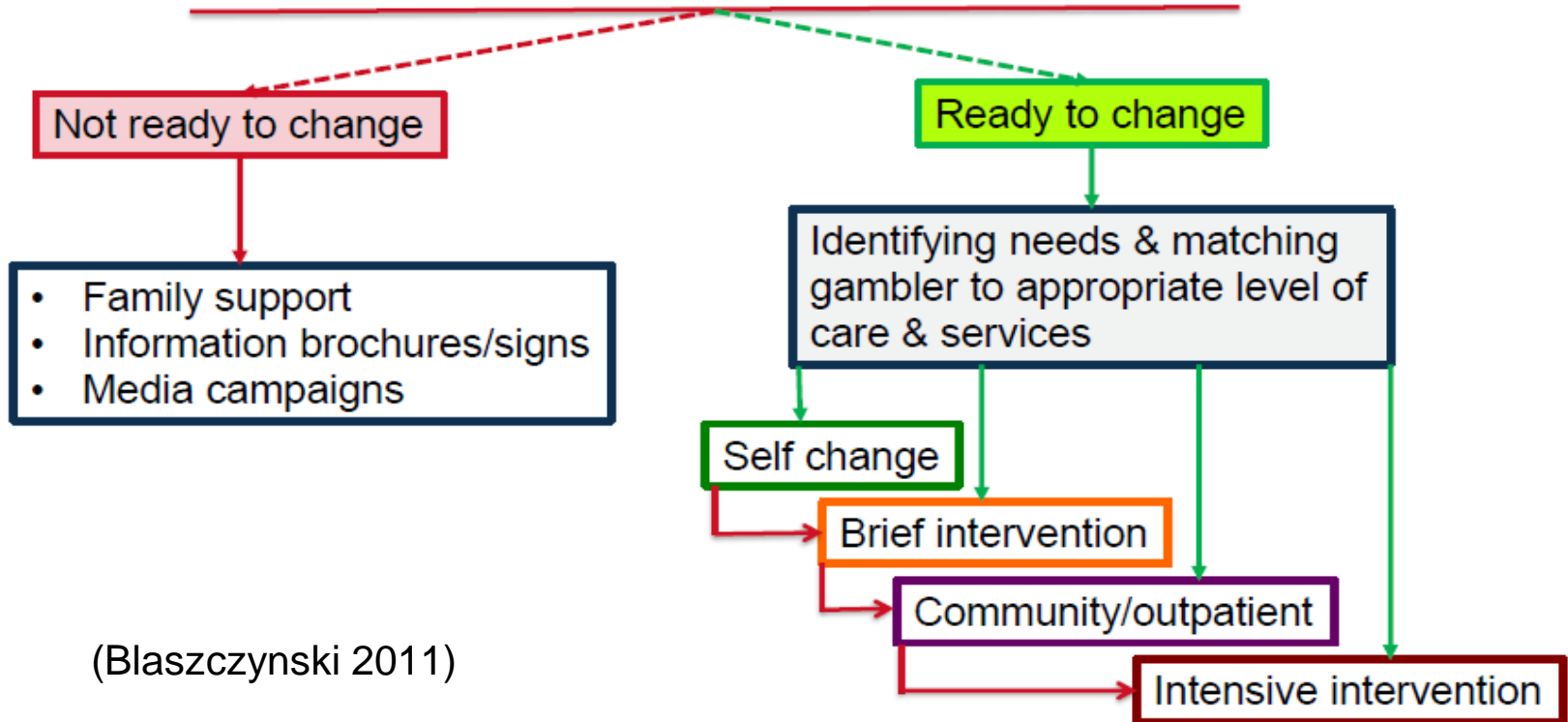
(Ladouceur 2005)

“Abstinence”

(Petry 2015)

Treatment Goals Identification

Gambling Disorders



(Blaszczynski 2011)

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