Mindfulness-Based Relapse Prevention for Problem Gamblers

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Mindfulness based relapse prevention for problem gamblers - an overview.

• Problem gambling is a cognitive-behavioral addiction.
• Relapse prevention and mindfulness training.
• Pilot study of MBRP for problem gamblers.

Problem gambling has been associated with significant personal problems.

- Poor mental & physical health
- Substance abuse & suicide risk
- Financial & legal problems
Problem gambling is a progressive addiction characterized by:
- increasing preoccupation with gambling
- a need to bet more money more frequently
- restlessness or irritability when attempting to stop
- "chasing" losses
- loss of control manifested by gambling behavior in spite of mounting, serious, negative consequences.

Gambling in Oregon


Gambling in Oregon

Gambling Treatment in Oregon

- Treatment is free and confidential for
  - Problem Gamblers
  - Family Member
- FY 2010-2011
  - 1209 Problem Gamblers
  - 145 Family Member

Effective treatments for problem gambling have been studied.

- Gamblers Anonymous
- Pharmacotherapy
  - Opioid antagonists, antidepressants, lithium
- Cognitive and cognitive behavioral therapy
- Brief and motivational interventions

Lapse and relapse rates for pathological gambling are high.

- Psychological factors
  - Coping skills
  - Cognitions and affect
  - Personality
- Physiological arousal
  - Craving and withdrawal
- Social factors

What is Relapse?

- Black-and-White Model:
  - Any gambling = Relapse

- Cognitive-Behavioral Model:

How Does Relapse Happen?

The Cognitive Behavioral Model

Marlatt & Gordon, 1985
Relapse Prevention is an effective treatment across disorders.

- Alcohol (Kadden et al., 1992; Monti et al., 2002)
- Cocaine (Schmitz, et al., 2001)
- Marijuana (Roffman, et al., 1990)
- Smoking (Killen, et al., 1984)
- Eating disorders (Mitchell & Carr, 2000)
- Gambling (Echeburua, et al., 2000)
- Sexual Offenses (Laws, 1995)

- Review of 24 Randomized Trials (Carroll, 1996)
  - Does not prevent a lapse, but is more effective at delaying and reducing duration and intensity of lapses
  - Effective at maintaining treatment effects over long term follow-up (1-2 years or more)
  - May be most effective for greater levels of negative affect

Enhancing Relapse Prevention with Mindfulness Training
What is Mindfulness?

“Awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment”

(Kabat-Zinn, 2003)

MINDFULNESS EXERCISE

Mindfulness Meditation?

Meditation practice associated with...

- increased attentional control
- improved physical health and immune function
- enhanced self-awareness
- greater self-regulation of emotional reactions
- reductions in perceived stress
Mindfulness and Substance Use

Paying attention:
Great awareness of triggers and responses, interrupting previously automatic behavior

In the present moment …
Accepting present experience, rather than “getting a fix” to avoid the present experience

Nonjudgmentally:
Detach from attributions and “automatic” thoughts that often lead to relapse

Mindfulness-Based Relapse Prevention (MBRP)

MBRP Structure
- Integrates mindfulness with Relapse Prevention
- Patterned after Mindfulness-Based Stress Reduction (Kabat-Zinn, 1990) and Mindfulness-Based Cognitive Therapy for depression (Segal et al. 2002)
- Outpatient Aftercare Treatment
  - 8 weekly 2 hour sessions; daily home practice
- Therapists have ongoing meditation practice
- Components of MBRP
  - Formal mindfulness practice
  - Informal practice
  - Coping strategies

(Bowen, Chawla & Marlatt, 2010; Wilkins et al., 2005)
Intentions of MBRP

**Awareness:**
From “automatic pilot” to awareness and choice

**Triggers:**
Awareness of triggers, interrupting habitual reactions

**Acceptance:**
Change relationship to discomfort, decrease need to “fix” the present moment

**Balance and Lifestyle:**
Supporting recovery and maintaining a mindfulness

MBRP Session Themes

- **Session 1:** Automatic Pilot and Relapse
- **Session 2:** Awareness of Triggers and Craving
- **Session 3:** Mindfulness in Daily Life
- **Session 4:** Mindfulness in High-Risk Situations
- **Session 5:** Acceptance and Skillful Action
- **Session 6:** Seeing Thoughts as Thoughts
- **Session 7:** Self-Care and Lifestyle Balance
- **Session 8:** Social Support and Continuing Practice

“Formal” Practices

- Body Scan
- Sitting Meditation
- Mindful Movement
- “Lovingkindness” or “metta”
- Walking Meditation
- Mountain Meditation
MINDFULNESS EXERCISE

Practicing Mindfulness

Mind on chosen target
Paying Attention
Attention Wanders
Nonjudgmentally
Observe wandering, begin again
Present Moment

"If your attention wanders a hundred times, simply bring it back a hundred times."

Inquiry

Direct Experience (pain)
Reactions, Stories, Judgment (suffering)
Emotional discomfort (depression, anxiety)

"I can't handle this. I need an escape."

Adapted from Segal et al., 2002
“Informal” Practices

Mindfulness of daily activities  Hourglass breathing space

Urge surfing

Hourglass Breathing Space

Urge Surfing Exercise

“Picture the urge as an ocean wave, and imagine yourself surfing, using your breath as the surfboard...”
Bowen, Chawla & Marlatt (2010)
Riding the wave, rather than giving into the urge and being wiped out by it.

Staying with the urge as it grows in intensity, riding it to its peak, using the breath to stay steady as it rises and crests, knowing it will subside.

Trusting that without any action on your part, all the waves of desire, like waves on the ocean, arise and eventually fade away.

<table>
<thead>
<tr>
<th>Situation/Trigger</th>
<th>What sensations did you experience?</th>
<th>What moods, feelings or emotions did you notice?</th>
<th>What thoughts arose?</th>
<th>What did you do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>An argument with my girlfriend</td>
<td>Tightness in chest, sweaty palms, heart beating fast, shaky all over</td>
<td>Anxiety, hurt, anger</td>
<td>“I can’t do this.” “I need a drink.” “Forget it. I don’t care anymore.”</td>
<td>Yelled, slammed door, went for a walk</td>
</tr>
</tbody>
</table>
Relapse Cycle

Trigger
Initial Reaction

STOP

Observe Reaction

Respond w/ Awareness

React (e.g., lapse)

Automatic Pilot

Buy into (believe) thoughts

Proliferating thoughts/Reactions

STOP

Automatic Pilot RELAPSE

Facilitating MBRP

Motivational Interviewing style
Acceptance, openness, curiosity, kindness, authenticity

Personal meditation practice
Embodiment of these qualities

Spontaneity and creativity

MBRP Pilot Efficacy Trial

• MBRP vs. treatment as usual control group
• N = 168, from community service agency
• 64% male, average age = 40
• 52% white, 29% African American, 8% Native American
• 46% alcohol, 36% crack, 14% meth, 7% opiates, 19% polysubstance
• Assessments at post-treatment, 2- and 4-month follow-ups

NIDA R21-DA019582 (Marlatt, PI)
Individuals assigned to MBRP had significantly fewer substance use days post-treatment.

Time x treatment: $p = .02$
Time$^2$ x treatment: $p = .02$

Individuals in MBRP reported significantly less craving over time.

No significant differences in depression scores.
Moderating effect of MBRP on association between depression scores and substance use days.

Mechanism of change?

- MBRP reduces the relation between depression symptoms and substance use
  - Why?
    - MBRP designed to help clients experience challenging emotions without reacting
    - Altered the conditioned response of substance craving in response to negative affect

MBRP works for substance use disorders - could it work for gambling?
Mindfulness-based treatments may be effective for problem gambling.

• Evidence in support of MBRP for substance use.
• Case study by de Lisle, Dowling & Allen (2011):

![Graph showing gambling frequency over time](image)

Current study - a pilot investigation of MBRP for problem gamblers.

• Collaboration between MBRP and gambling treatment providers to adapt MBRP manual (Bowen et al., 2011) to be gambling specific.
• Clients recruited from InAct, a gambling treatment program.

Pilot Study of MBRP-PG

• 8-week MBRP program
  - Assessments at baseline, 4-weeks, and 8-weeks.
• Participants (n= 11) recruited from InAct
  - 36.4% female
  - Average age = 53.1 (SD = 9.9), range 35-69
  - 8 enrolled in treatment (73%) and completed mid-treatment assessment
  - 6 completed treatment and post-treatment assessment (75%)
Measures

- Neuropsychological battery
  - Shipley Institute of Living Scale

- Gambling behavior
  - National Opinion Research Center DSM-IV symptoms of pathological gambling (NODS)

- Mindfulness
  - Mindfulness Practice Questionnaire

Shipley Institute of Living Scale - 2

- Brief measure of crystallized, fluid intelligence
- Provides estimate of overall intelligence, as well as cognitive impairment/deterioration
- Current sample:
  - Standard score: Mean = 99.1 (SD = 17.2)
  - Range 67 (1%) – 116 (86%)

Primary Research Questions

- Is MBRP effective in reducing gambling symptoms?
- Does cognitive functioning predict treatment retention, mindfulness practice, and/or gambling outcomes?
Results

DSM-IV Symptoms of Pathological Gambling

* p < 0.05

Results

Weekly mindfulness practice

Results

Cognitive functioning and treatment retention

* p < 0.05
Results
Cognitive functioning and mindfulness practice

Results: Additional Findings

- Gambling symptoms at mid- and post-treatment...
  - No association with baseline Shipley scores.
  - Negative, but not significant, association with mindfulness practice.

Overall, promising preliminary results.

MBRP resulted in lower gambling symptoms
Cognitive Functioning
Treatment retention
Skills practice
Limitations

- Small sample size
- No control group
- Only one test of cognitive functioning
- Unable to examine effects by gender, race, or age

Future Directions for MBRP-PG

- Examine interaction between cognitive functioning and mindfulness practice in predicting gambling outcomes.
- Research design considerations.
  - Compare MBRP-PG to active treatment group.
  - Longer follow-up and more comprehensive assessment.

Future Directions for MBRP

- Is this for everyone?
  - Gender
  - Dependence severity
  - Dual diagnosis (depression, anxiety, trauma)
- Long term effects?
- Physiological and neurobiological effects
Future Directions for MBRP

- Next steps for Oregon
- Grant application
- Training
- Implementation

Resources

- MBRP website: www.mindfulrp.com

Mindfulness-Based Relapse Prevention for Addictive Behaviors: A Clinician’s Guide

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