

The importance of a therapeutic contract in problem gambler's treatment

Introduction

Gambling addiction is poorly studied in Portugal, and the technical expertise and the treatment in this area are scarce in the country. Thus, emerges the need to develop and contribute to efficient psychotherapy practices in behavioral addictions.

This work results of implementing a therapeutic contract (TC), made both from a meta-analysis of the literature (see references) and from an extensive clinical practice in behavioral dependencies, and aims to analyze the relevance of this TC, among other variables, in the treatment of gambling addiction, on outpatient basis during 6 months.

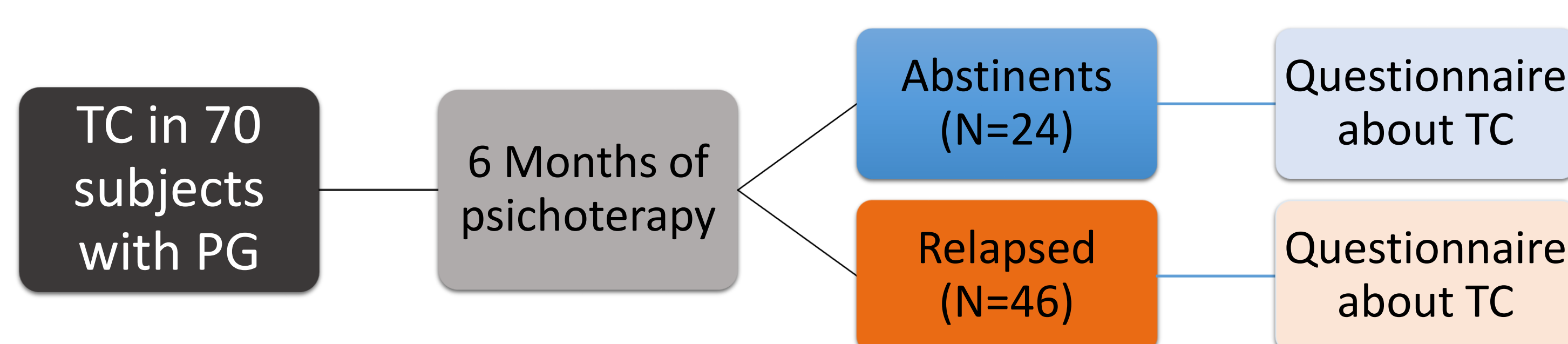
The approach to the TC is done one the first therapeutic session to the problem gamblers and includes the following factors/goals: 1) To prepare and meet debt repayment plan; 2) Total abstinence of any kind of (money) gambling; 3) Avoid people, places and situations related to gambling; 4) Self-exclusion from physical or virtual gambling (facilities/sites); 5) Limit/control access to money/cards/checks, etc.; 6) Having significant people involved in the treatment; 7) Participate in individual and group psychotherapies; 8) Read and do therapeutics exercises; 9) Participate in meetings of self-help groups (GA's); 10) Be contactable.

Patients respond if they agree or not with this factors. If the answer were yes, they also choose and establish a consequence if they would not fulfill the TC or have a relapse during treatment (6 months).

Method

This study included 70 subjects with severe problem gambling disorder (PG) criteria according to the SOGS, that answered a questionnaire with two questions related to factors in the TC: 1) "Which factors had more positive impact in your treatment"; and 2) "Which of this factors contributed for your abstinence or relapse?".

Responses were given by subjects in a Likert scale from 1 to 7.



- **Description of the prevalent factors** in each question for each group
- **Comparison** of differences between clinical groups.
- Therapy consultations frequency: 1 Individual therapy per week
1 Therapy group per week

Principal references

1. Balsa, C. (2012). *Inquérito Nacional ao Consumo de Substâncias psicoativas na População Geral, Portugal 2012*. Lisboa: Faculdade de Ciências Sociais e Humanas. Universidade Nova de Lisboa.
2. Hubert, P. (2015). Online and Offline pathological gamblers: Characterization and Comparison. PhD thesis Universidade Autónoma de Lisboa.
3. Ingle, P., Marotta, J., McMillan, G., Wisdom, J. (2008). Significant others and gambling treatment outcomes. *Journal gambling studies* 24: 91-105.
4. Jiménez-Murcia, S., Granero, R., Aranda, F., Arcelus, J., Aymani, J., Peña, M., Tárrega, S., Moragas, L., Gutiérrez, A., Sauchelli, S., Fagundo, A., Brewin, N & Menchon, J. (2015). Predictors of outcome among pathological gamblers receiving cognitive behavioral group therapy. *European Addiction Research* 21: 169-178.

Results

Prevalent factors of the TC:

Question 1: **both groups** had higher scores in the **a) good relationship with a psychologist** and **b) attending individual psychotherapy sessions**.

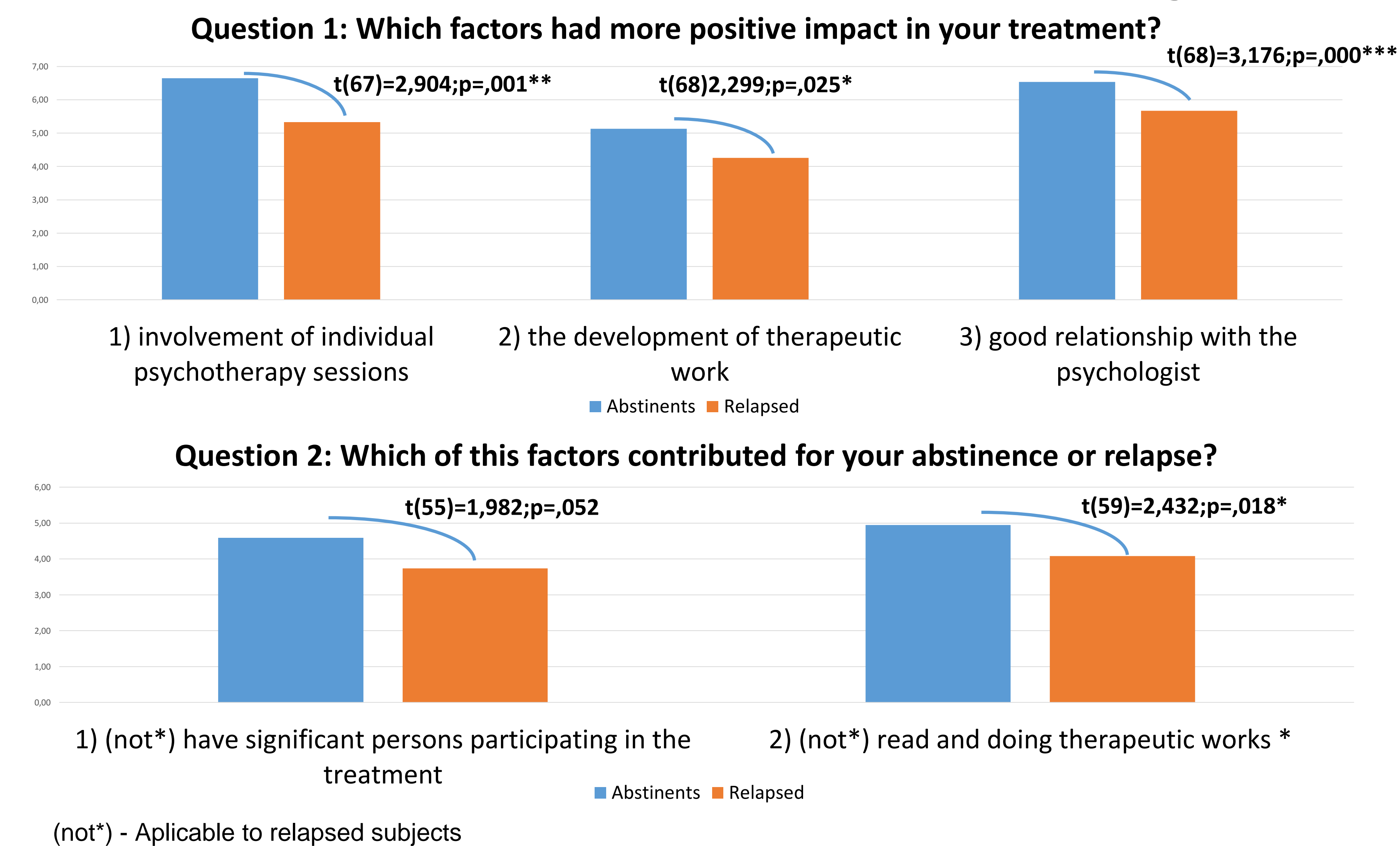
Question 2: **both groups** considerate as more important the **a) restrict access to money**.

Comparisons between differences of factors of the TC:

Question 1: **abstinents** scored significantly higher than relapsed, and felt as more important to the treatment the: **1-involvement of individual psychotherapy sessions**, **2-the development of therapeutic work** and **3-good relationship with the psychologist**.

Question 2, **abstinents** scored significantly higher than the relapsed, and felt as more important to their abstinence the: **1-significant persons participating in the treatment** and **2- read and doing therapeutic works**.

Table 1 and 2: Comparisons between differences of clinical groups



Conclusions

We hypothesized that the development and implementation of the TC mentioned above, may contribute to increased adhesion to treatment and a better prognosis, however, more studies are needed in this area, to confirm the proposed guidelines in the TC as predictors of abstinence and / or relapse in scope of gambling addiction in Portugal.

As we see in table 1 and 2, compared to abstinent, relapsed subjects tended to minimize important factors of TC, factors that may be related to abstinence.

For now, we suggest the inclusion of a TC that will serve as a motivating tool for higher involvement in the therapy.

We highlight the importance of empathic therapeutic relationships, the participation in the individual psychotherapy sessions, and restricting access to money. As mentioned in the overall literature concerning problem gambling, we consider that the good relationship with the psychologist, participation in the individual psychotherapy, and the development of the therapeutic work, were important factors in the treatment of abstinent subjects, and the involvement of significant people in the treatment, and read and do therapeutic exercises, may be factors that enhance the withdrawal of patients.