Integrative Couple Treatment for Pathological Gambling / ICT-PG : Description of the Therapeutic Process

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ABSTRACT

Problem gambling can have profound consequences on a person’s life, consequences that range from financial, psychological to relational and that affect, in particular, couple relationships. Despite these widely documented relational consequences, most therapies for problem gambling favour an individual approach. Nonetheless, in the field of addiction, several studies have documented the efficacy of a couple approach. A few results from preliminary studies carried out with gamblers would seem to suggest that a couple approach might also be effective in this field. Our team thus developed the Integrative Couple Treatment for Pathological Gambling or ICT-PG, a therapy in which the treatment for pathological gambling starts by working with the couple from the very first meeting. First off, it targets the reduction or cessation of gambling behaviour, but also a reduction in the psychological distress of the two partners and an improvement in relationship satisfaction and mutual support. The usual work on diverse dimensions related to gambling is conducted with the gambler, and this in the presence and with the support of his partner. The treatment aims to eliminate those behaviours in the couple that might facilitate gambling and to reinforce behaviours that support the cessation of gambling. Another goal of the ICT-PG is for the couple to learn better skills for communication, conflict resolution, and mutual reinforcement, always with the objective of facilitating the reduction and cessation of gambling habits. This paper is a description of the therapeutic process of the ICT-PG.

Le jeu compulsif peut avoir de profondes conséquences sur la vie d’une personne, des conséquences qui vont de l’ordre financier, psychologique à relationnel et qui affectent, en particulier les relations de couple. Malgré ces conséquences sur les relations soient bien connues, la plupart des thérapies pour le jeu compulsif emploient une approche individuelle. Pourtant, dans le domaine de la dépendance, plusieurs études ont démontré l’efficacité d’une approche de couple. Quelques données préliminaires d’études avec des joueurs compulsifs suggèrent qu’une approche de couple pourrait aussi être efficace dans ce domaine. Notre équipe a donc développé le Traitement de couple intégratif pour le jeu pathologique ou TCI-JP, une thérapie dont le traitement pour le jeu pathologique débute avec le couple dès la première rencontre. Tout d’abord, la thérapie cible une réduction ou cessation du comportement de joueur de même qu’une réduction de la détresse psychologique chez les deux partenaires, une amélioration de la satisfaction de la relation et un support mutuel. Le travail habituel sur les diverses dimensions liées au jeu compulsif est effectué avec le joueur en présence et avec le support du conjoint ou de la conjointe. Le traitement vise à éliminer les comportements du couple qui peuvent inciter à la pratique du jeu compulsif et à renforcer ceux qui mènent à une cessation. Un autre but du TCI-JP est de permettre aux couples de développer des compétences en communication, résolution de conflits et renforcement mutuel tout en maintenant l’objectif de faciliter la réduction et cessation des habitudes de jeu. Cet article décrit le procédé thérapeutique du TCI-JP.
Problem gambling leads to abundant suffering in gamblers and their partners, and greatly affects their relationship. Large gambling debts often trigger a crisis when the size of the problem is revealed to the family. This revelation is often a dramatic moment for the family, going so far as to cause posttraumatic stress symptoms. In addition to drawing the family into a financially precarious situation, gambling behaviour also has an impact on the physical, psychological, and relational health of the family members.

Considerable consequences for the couple's relationship have also been observed. Indeed, the anger, financial sacrifices, blame, feelings of guilt and betrayal, and loss of confidence that the partners feel are all elements that can undermine the couple relationship and the trust the two have in each other. Couples in which one of the two has a gambling problem also have more communication problems, a weaker dyadic adjustment, a less satisfying sex life, a higher rate of separation and divorce, and more cases of intimate partner violence (both perpetrated and endured) than do couples without a gambling problem.

Despite this considerable impact on couples where one member has a gambling problem, there have been few treatments developed to specifically target this aspect. That being said, the efficacy of couple treatments where one of the members has problems with alcohol or illegal drug use has been clearly demonstrated with regard to the reduction and cessation of substance use as well as the improvement of the couple relationship. In fact, the efficacy of couple-based treatments has been seen in diverse groups, including: men and women who are addicted to alcohol, those addicted to drugs, those where both people have substance use problems, but also those presenting other mental health problems than addiction. The positive results of the above studies thus justify further exploration into the use of this treatment with couples where one member is a pathological gambler.

Up till now, only a very few publications have looked at the subject of couple therapy for pathological gambling and those that did were of a more clinical nature. Of these, two efficacy studies were published. The first, which had no control group, documented significant clinical progress for both the gamblers and their partners following a systemic couple treatment. The second publication, where similar results were observed, had a control group (i.e., waiting list), the results of the treatment group being superior to those of the control group. No studies have as yet been conducted comparing the efficacy of a couple treatment to that of an individual treatment for pathological gamblers.

With this in mind, our team developed the Integrative Couple Treatment for Pathological Gambling or ICT-PG in partnership with a clinical team from diverse treatment centres for pathological gamblers in Quebec. The model was developed using iterative interaction between a literature review (i.e., research on couple treatment for addiction and general couple treatments) and clinical endeavours to apply several of these strategies by four therapists working with eleven couples, one of whom was a pathological gambler. Several of these treatment techniques were incorporated into our model and reviewed by the clinical research team so as to judge their relevance all throughout the 18 months of the study. The study led to the writing up of a treatment guide for the Integrative Couple Treatment for Pathological Gambling / ICT-PG.

The initial elements included in the ICT-PG come from classic couple treatments that have already demonstrated their efficacy, namely the increase in mutual reinforcement and the improvement of communication and problem resolution skills. The literature concerning unilateral treatment for close relatives of drug addicts, as well as our early experimentation with the ICT-PG with couples, persuaded us to integrate techniques that reinforce behaviours in non-gamblers which support the cessation of gambling and, conversely, discourage those behaviours that facilitate the continuation of gambling. Such highly recommended techniques as progress monitoring, which give regular feedback to participants regarding their treatment evolution are also comprised in the ICT-PG.

* Two linguistic choices were made to facilitate the reading of this text, namely: 1) The expression “pathological gambler” designates the person in the couple relationship, man or woman, who had major difficulties with gambling; the term “partner” thus designates the person, man or woman, who did not have at risk gambling behaviours. 2) Because of the fact that, in approximately 70% of the cases, the person in the relationship with pathological gambling behaviour was the man, and so as to avoid the cumbersome repetition of he/she and his/her throughout the text, he refers to the gambler and she to the partner.

† A randomized efficacy study is underway with pathological gamblers who are beginning their treatment. The goal is to compare the efficacy of the ICT-PG to individual treatment: the results will be available in 2017. ‡ The ICT-PG treatment guide is available in French and English from the author.
The concept of therapeutic alliance in the context of couple or family treatments was added, as was the notion of acceptance in which members of a couple are encouraged to learn how to live with such non-modifiable behaviours in the spouse as personality traits. Finally, some authors have postulated that behavioral changes are not enough and that we must search for the meaning attributed to these behaviours if we are to facilitate change, particularly with regard to one's personal narrative. This postulate is shared by practitioners of both psychodynamic and cognitive approaches. These evolutions in clinical couple treatment, which draw their inspiration from diverse theoretical models, were incorporated in the ICT-PG, hence the word “integrated” in the treatment’s name. It is worth noting that, despite these additions, the treatment is founded on a cognitive behavioural base, in the sense that the first objective of the treatment is behavioural change.

**TREATMENT STRATEGIES AND ELEMENTS OF THE CLINICAL PROCESS**

The ICT-PG borrows first of all from the Alcohol Behavior Couple Therapy – ABCT®, which proposes a couple approach as the only treatment, and this from the very first meeting with the alcoholic or drug addict. This couple-only approach was considered to be an essential characteristic for the ICT-PG as concerns the services offered to pathological gamblers, since finding a second therapist for couple therapy is particularly complex when organizing care services.

The ICT-PG takes place in 90-minute meetings, which makes it possible to combine work with the gambler and the couple in the same session. The number of sessions varies between eight and twelve meetings, but there can be more if needed. As proposed by McCrady and Epstein (2000), this type of treatment has three goals, namely work with the gambler, his partner, and the couple as a whole. A portion of each of these meetings is devoted to individual work with the gambler in the company of his partner; this lasts approximately 45 minutes to one hour but diminishes as the gambler reduces his gambling behaviour. During the first section, the therapist incorporates the partner into the treatment, inviting her to express her point of view, while maintaining the focus on the gambling behaviour. The second portion of the meeting addresses relationship aspects of the situation (increased mutual reinforcement, improvement of communication and negotiation skills) as well as partner-related elements (behaviours that facilitate gambling and those that reinforce its cessation). The partner can express her viewpoint, emotions, and experiences with regard to the gambler all throughout the process. Table 1 illustrates the sequence of therapeutic work in the ICT-PG.

**THE GOALS OF THE ICT-PG**

The first goal of the ICT-PG is to reduce or stop gambling behaviour through couple treatment. That being said, given that gambling behaviour has a major impact on the quality of a love relationship and the well-being of the two members, the ICT-PG also aims to reduce psychological distress and to improve the two partners’ well-being, their relationship satisfaction, and their mutual support for each other. It is postulated that better relationship satisfaction will contribute to reducing the probability of a gambling relapse.

**ASSESSMENT**

Before beginning the therapeutic process, the two members of each couple answered a series of questions so as to assess the gambling habits and severity, (e.g., Gambling Symptom Assessment Scale), mental health problems (e.g., Center for Epidemiologic Studies – Depression Scale), treatment history for gambling and mental health problems, alcohol and other drugs use and abuse and relational dimensions (e.g., Dyadic Adjustment Scale – 40). A summary of the results was then produced for each member and presented to the couple during the first two meetings. A portion of the questionnaires was likewise administered at each encounter so as to provide regular and brief feedback all throughout the therapeutic process concerning the therapeutic alliance and clinical progress (gambling behaviour, psychological distress, and relationship satisfaction).

**INITIAL COMMITMENT TO THE TREATMENT AND BASIC RULES**

The two members of the couple were asked, from the very first meeting, to follow a few rules that would create an atmosphere that was favourable and optimal for therapeutic work. First of all, the therapists asked the members of the couple not to threaten to separate during the treatment period. This threat would undermine any effort to rebuild a relationship. Second, the use of verbal violence (e.g., putdowns) and physical violence had to be put aside as an ineffective form of self-expression.

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§ It is important to note that couple therapy as ICT-PG can be a part of a more complex treatment plan where the gambler or the partner can participate in mutual help groups, have consultation for mental health problems, etc.
Finally, the two members were asked to attend all the meetings, to participate actively, and to do the required exercises at home.

**TIMING**

The ICT-PG proposes different exercises and areas for the gambler, his partner, and the couple to work on, all of this in a certain order. Nonetheless, we considered that therapists are the first judge of the timing of exercise. As such, even though the ICT-PG proposes that partner behaviour which contributes to continued gambling be discussed in the sixth meeting, it was sometimes necessary to discuss this question in the first meetings. The therapists based their work on the initial assessment, the needs of the participants, and on their positive or negative response to work conducted in the previous meeting to identify the dimensions to be discussed and the length of time they required. Depending on clinical needs, several sessions could be devoted to one topic, e.g., decreasing gambling behaviour, improving communication skills, etc.

**THERAPEUTIC ALLIANCE**

Therapists are sensitive to the issues of each one of their patients. The concept of multidirectional partiality illustrates this idea which states that the practitioner takes each person’s side, but never to the detriment of the other member of the couple. On the one hand, therapists hear the anger and frustration of the partner (betrayal, financial debt) and support the partner’s courage to participate in the therapeutic process. And on the other hand, despite all the harm caused, therapists hear the gambler’s desire to come to the treatment sessions and recognize his distress and fear of honesty. Therapists thus “pick sides” with both members of the couple.

Therapists must not forget that there is an entity in front of them that is not the simple sum of the two people making it up, namely the couple. The couple is the product of tacit, inexplicit agreements, of mutual, sometimes maladjusted projections, of psychic concessions, and of expected dividends. Therapists know that the couple can always unite against them if they threaten tacit relationship contracts. Therapists must also remember that people’s passiveness regarding certain exercises can stem from their fear of calling these tacit agreements into question.

**WORK WITH THE GAMBLER**

The therapists working with the ICT-PG had already received training for pathological gambling treatments. The current guide does not describe these treatment techniques, which are well described in well-known summaries. During the first part of each treatment sessions (30 to 60 minutes), the therapists worked with the gambler as if it was an individual session but with the partner present, integrating the latter’s comments into the treatment where relevant.

**WORK WITH THE COUPLE**

**Mutual reinforcement**

The goal of this type of classical cognitive behavioural technique is to increase positive behaviour between the two members of the couple. It is based on the observation that distressed couples tend to reduce or eliminate mutual reinforcement (Gottman & Schwartz Gottman, 2008). Different activities are proposed such as “List of pleasant activities for my partner”, “The Caring Day”, or “Catch you partner doing something nice” where the goal is to increase the pleasure of being together.

**Communication skills and structured dialogue practice**

Training for communication skills and problem solving is a fundamental characteristic of cognitive behavioural therapy for couples as well as of models adapted for couples in which one member suffers from alcohol or drug addiction.

Communication skills were addressed early in the therapeutic process so that they could be applied to various situations. This practice enhanced mutual understanding and thereby made it easier to find solutions to their difficulties through behavioural changes and mutual acceptance. The training for better communication skills came from a French model called “Le dialogue structuré” (structured dialogue).

**CENTRAL THEMES**

There were some central, recurrent themes in the ICT-PG that emerged constantly. First of all, practitioners had to help the gambler to talk about his desire to gamble and his potential relapses while helping the partner
listen constructively. This practice became a useful tool for preventing relapses. In the rare situations where the partner could not tolerate the gambler talking about his desire to gamble, it was important to find another confidant for the gambler.

The second recurrent theme concerned the gambler’s impression of being controlled by his partner. Indeed, the non-gambling partner attempted to take control of her life by being more vigilant about the gambling behaviour of her partner. She would express her worries or anger when expenses were higher than foreseen or when the gambler did not phone to say that there had been a change in his work schedule, leading her to believe that he had gone gambling. As for the gambler, he often expressed feelings of anger about this new relational mode of interaction.

A third recurrent theme among the non-gambling partners was the impression of being betrayed that resulted from the hiding of gambling habits and financial losses. Even when couple members have independent financial accounts, the problematic behaviour of the gamblers can affect, to a lesser degree, the partner. This state of affairs had to be expressed and heard by the gambler. This inevitable path made it possible to progressively rebuild trust, primarily through the numerous exchanges where the gambler talked frankly about his desire to gamble and his potential gambling relapses.

WORK WITH THE PARTNER

FACILITATION AND REINFORCEMENT

This work involved helping the non-gambling partner to both reduce behaviour on her part that could inadvertently facilitate gambling habits and to increase and learn new behaviour that reinforced the cessation of gambling. We postulated that some partners adopted behaviour that facilitated the continuation of gambling, for example by going out in the evening to places where there were VLTs, organizing parties at their home where there was gambling, and expressing great satisfaction with monetary gains from gambling. Sometimes partners prevented gamblers from experiencing the natural negative consequences of their behaviour, for example by reimbursing their gambling debts or buy lending them money, thus depriving them of an important source of learning. Even though this behaviour was not necessarily intended to reinforce gambling, this was probably the effect that it had.

At no time was it postulated that the partners wished, either consciously or unconsciously, to reinforce gambling habits. Our team did not incorporate the notion of codependence, primarily employed in alcoholism, which holds that the partner (unconsciously) needs a weak dependent spouse in order to fulfill the need to take care of or dominate someone. Moreover, the concept of codependence has been widely criticized, particularly with respect to definition problems and weak empirical support. The essential idea underlying the ICT-PG is to reduce, as postulated in the Community Reinforcement Approach, all reinforcement for gambling behaviour in the gamblers’ environment, especially those environments that are controlled by the partners.

To do so, we began by helping the partners name situations in which gambling behaviour was reinforced. Consequently, a questionnaire was developed by the research team that served as a starting point for the therapists. The goal was to have a non-judgmental discussion with the non-gambling partners to identify which of their strategies might have facilitated gambling behaviour.

The issue of behaviour that reinforced gambling cessation was then discussed. It was important that the partner encourage the gambler when he succeeded in not gambling, listen when he expressed a desire to gamble, help him look for gambling incompatible activities, and support him with regard to money management. These activities were numerous and specific to each gambler. This crucial work on behaviours that contributed to the gambling problem and those that facilitated its cessation was always conducted in the presence of both members of the couple.

CONCLUSION

The ICT-PG is a treatment that adapts well to service structures where there are few available practitioners. Among the requests for specialized addiction services for pathological gamblers, it is reasonable to estimate that 10 to 25% of gamblers could benefit from the ICT-PG or other couple therapies. In order to validate the relevance of this type of treatment, future studies should evaluate whether the ICT-PG is more effective than a traditional treatment. Several variables must be considered in the efficacy evaluation of ICT-PG, such as perseverance, gambling habit reduction, individual and relational well-being. Particular attention should be paid to those ICT-PG elements that are most likely to foster change. It would likewise be interesting to document which elements are favourable for implementing the ICT-PG, such as practitioner characteristics and the time and conditions needed.

¶ The confidant is not invited to treatment sessions.
for training. The ICT-PG is in its first stages of clinical and scientific evaluations. That being said, similar treatment models have shown quite encouraging results in the field of addiction, and many studies examining the positive contribution of family and friends in addiction treatment have also shown positive results. Based on these observations, the ICT-PG shows promise as a way of improving treatment for gamblers by including partners.

**REFERENCE LIST**


### TABLE 1. Sequence of the Integrative Couple Treatment for Pathological Gambling (ICT-PG)

<table>
<thead>
<tr>
<th>Session No.</th>
<th>The gambler</th>
<th>The partner</th>
<th>The couple</th>
</tr>
</thead>
</table>
| 1 and 2     | • Define the request  
• Listen to each person’s expectations / preoccupations  
• Set down general objectives of the meeting  
• Give feedback on test results  
• Set rules / expectations for the participants  
• Verify recent gambling behaviour  
• Stop the financial haemorrhage  
• Conduct functional analysis of gambling behaviour/risk situations | • Define the request  
• Listen to each person’s expectations / preoccupations  
• Set down general objectives of the meeting  
• Give feedback on test results  
• Set rules / expectations for the participants | • Improve mutual reinforcement |
| 3           | • Conduct clinical work on gambling | | • Improve mutual reinforcement |
| 4           | • Conduct clinical work on gambling | | • Improve communication skills |
| 5           | • Conduct clinical work on gambling | | • Improve communication skills |
| 6           | • Conduct clinical work on gambling  
• Eliminate gambling facilitation situations | | |
| 7           | • Conduct clinical work on gambling  
• Eliminate gambling facilitation situations | | • Reinforce non-gambling situations |
| 8           | • Conduct clinical work on gambling  
• Anticipate relapse / risk situations | | • Reinforce non-gambling situations |
| 9 to 12+    | Meetings nine and over continued the work of the previous meetings. The therapist might take more time on one element or another. The total number of meetings can go well beyond twelve. The criteria for determining the number of sessions is the clinical progress and, ultimately, the achievement of the therapeutic goals. | | |

This table is inspired from the work of McCrady and Epstein 30.