James P. Whelan
Meredith K. Ginley
Rory A. Pfund

Advances in Psychotherapy –
Evidence-Based Practice

Gambling Disorder

2nd edition



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Advances in Psychotherapy – Evidence-Based Practice

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Advances in Psychotherapy – Evidence-Based Practice, Volume 8

Gambling Disorder

2nd edition

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Dedication

We dedicate this book to two remarkable groups of people: First, to the doctoral student therapists from the University of Memphis, East Tennessee State University, and Tennessee State University who have served at the Gambling Clinic. Your compassion and commitment to learning have shaped the heart of our work and advanced the care we provide. Second, to the approximately 3,000 individuals who entrusted us with their stories, their struggles, and their hopes. Your courage, resilience, and hard work in addressing your gambling problems have been our greatest teachers.

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Preface

In 1998, a man came to our community-facing clinical psychology training clinic, burdened by periods of debilitating depression. During the intake process, it became clear that his depressive episodes were closely linked to his gambling behavior. His story was one of emotional extremes – his world would light up after a win, but it would plunge into darkness after a loss. Over time, the darker days began to dominate as his losses mounted. Despite increasing isolation and mounting debt, he clung to the hope that his luck would change and that one big win could solve everything.

This link between profound sadness and the allure of a win sparked an important question for our team: How do you treat a gambling problem? At the time, we knew very little. The existing literature was still in its infancy. While we found promising cognitive-behavioral approaches from Australian researchers and several important randomized clinical trials by Robert Ladouceur's team, we were surprised to find how little had been published on assessing gambling behavior, associated harms, or mechanisms of therapeutic change. Gambling problems had been included in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) since 1980, yet the clinical treatment literature remained surprisingly underdeveloped.

Helping this man required us to get creative. We immersed ourselves in the limited research available, consulted with experts in substance use treatment (with special thanks to Mark and Linda Sobell), and developed an intervention grounded in cognitive and cognitive-behavioral techniques adapted from substance use research. Most importantly, we listened to our client. It became apparent that gambling, while sharing some similarities with alcohol and drug use, was also distinctly different. By remaining attentive to these nuances and working collaboratively with our client to track what worked, we saw improvement. As his gambling behavior decreased, so did his depression. He eventually chose to give up gambling – at least for the time being – and this decision brought emotional relief and stability. Notably, his hard-earned gains persisted over time.

This experience led to two major realizations: First, there was a pressing need for rigorous research on gambling assessment and treatment; and second, that our client was likely not the only person in our region suffering from gambling-related harm. These insights spurred us to establish both a research team – The Gambling Lab – and a treatment clinic – The Gambling Clinic (or TGC– under the umbrella of the Tennessee Institute for Gambling Education & Research. Our vision was to create a reciprocal relationship between science and practice: The questions that emerged in the therapy room would inform research, and in turn, research would guide and refine treatment.

Over the years, with each client and each study, we deepened our understanding of how to support individuals struggling with gambling effectively.

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In 2007, we published our first book, *Problem and Pathological Gambling* (Whelan et al., 2007), drawing directly from our experiences in both the therapy room and the research lab.

Now, 25 years later – learning together with dozens of therapists and nearly 2,800 clients – we present a second edition of that work, as the latest iteration of our evolving treatment guidebook. This work reflects the collective wisdom we have gained through clinical practice and research, framed within the evolving landscape of commercial gambling. Our approach remains rooted in partnership with each individual client and their unique context, always striving for treatments that are both effective and efficient.

This volume will provide you with what we hope is a helpful brief background on gambling problems and gambling disorder. It also details our motivationally enhanced cognitive-behavioral treatment guide. We hope it serves as a valuable tool for clinicians and a source of help for the many people seeking support with gambling-related challenges.

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1

Description of Gambling Disorder and Gambling Problems

1.1 Terminology

Gambling is usually a financial risk that takes many evolving forms

Gambling can be defined as risking money or valuable possessions on the outcome of a game, contest, or event, where the result is at least partially determined by chance. Many activities clearly fall within this definition – betting on sports, playing slot machines, wagering on the golf course, purchasing loot boxes in video games, and even day trading or speculating in futures markets. However, there are also activities that blur the line. For example, is buying stocks a form of gambling or a legitimate investment strategy? Are office pools for sports tournaments a form of sports betting or simply a fun way to engage with coworkers?

Such questions reveal the complexity in how we conceptualize gambling. Some games, like poker, involve significant elements of skill and strategy, which can influence the outcome differently from nonstrategic forms of gambling, such as slot machines (for a discussion of this difference, see Jimenez-Murcia et al., 2020). Others argue that the degree of risk should be considered when defining different categories of wagering (e.g., Kovarik & Fiedor, 2025). These distinctions are important, contributing to a more nuanced understanding of what constitutes gambling. Nonetheless, they do not undermine the core definition: Gambling involves risking something of value in a situation where chance plays a role in determining the outcome.

Table 1 can be reviewed as a guide to the most common terms related to gambling and gambling problems. Regardless of the term used, it is important to adopt person-first language when referencing gambling or gambling problems. Examples include saying "person who gambles" rather than "gambler," and "person with gambling problem" rather than "problem gambler." Adopting this language helps us all to not stigmatize individuals, particularly when referring to clinical problems.

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Table 1. Common Gambling-Related Terms Defined

Term	Definition
Gambling	Risking money or valuable possessions on the outcome of a game, contest, or event where the result is at least partially determined by chance.
Recreational or social gambling	Gambling that is done primarily for entertainment or fun and generally absent of harm (financial or other) related to the gambling.
Continuum of harm	Idea that gambling harms exist on a spectrum, ranging from no problems (social gambling) to severe or diagnosable problems, as opposed to a binary problem/no problem view.
Compulsive gambling	Antiquated term based on the idea of impulse control or possibly obsessive control spectrum disorder. The research has moved away from this conceptualization.
Pathological gambling	The diagnostic label used until the DSM-5 and ICD-11. The shift away from this term was primarily driven by concerns that the word *pathological* was considered judgmental and the shift to conceptualizing the diagnosis as an addiction.
Gambling disorder	Diagnostic term used in DSM-5 and ICD-11. Aligned more closely to the concept of an addiction. It is noteworthy that the diagnostic criteria did not change significantly or meaningfully. The research on pathological gambling is applicable to the concept of gambling disorder.
Subclinical gambling problem	Describes when some diagnostic symptoms of gambling disorder are present without reaching criteria for the diagnosis.
Gambling addiction	Traditionally, addiction focuses on tolerance, withdrawal symptoms, and problems. More recent definitions of addiction emphasize neuroadaptive changes or new homeostasis/allostasis, which depends on continued engagement and dysregulation when the behavior is stopped.
Gambling harms	An adverse effect, whether newly arising or worsened, attributable to gambling activity, that negatively impacts the health or well-being of individuals, family systems, communities, or populations. This construct de-emphasizes the role of symptoms and emphasizes the impact of the behavior.
Problem gambling	Patterns of gambling behavior that compromise, disrupt, or damage an individual's personal, familial, social, or occupational functioning, and may lead to financial difficulties, mental health issues, and reduced overall well-being. The term is generally used to refer to those who meet diagnostic criteria as well as those who report gambling harms regardless of whether the criteria are met.
Risky gambling	Those who meet the thresholds for problematic gambling or gambling disorder as well as those reporting occasionally experiencing at least one diagnostic symptom or gambling harm.
Strategic vs. nonstrategic gambling	Strategic gambling is when knowledge, skill, or decision making has an influence on the outcome or improves the chance of winning. Example: poker. Nonstrategic refers to games of pure chance, where outcomes are random and unaffected by the decisions or actions. Example: slot machines.

Note. DSM-5 = *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5; American Psychiatric Association, 2013); ICD-11 = *International Classification of Diseases,* 11th revision (ICD-11; World Health Organization, 2019).

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2

Theories and Models of Problem Gambling

The first chapter was an overview of the definition, epidemiology, comorbidity, and measurement of problem gambling and gambling disorder. With this information in mind, we now shift our focus to a more conceptual examination of an explanatory model of gambling harm. Clear and comprehensive theory is necessary to guide successful clinical interventions for addictive behaviors. A good theory is a useful one. Theories or models of psychopathology are judged according to their ability to produce appreciable results.

The existing research provides a range of models that offer explanations of the etiology of problem gambling. (Table 5 provides a brief overview of some common models.) The research on gambling problems thus far has offered the *pathways model*, which seeks to explain the unique path into problem gambling. With the more general addiction literature, the biopsychosocial model has the strongest empirical support and is most prominently used to guide case conceptualization and treatment. In this chapter, we provide an overview of these models of problem gambling that serve as the foundation for our *motivationally enhanced cognitive behavior treatment* (The Gambling Clinic's motivationally enhanced cognitive behavioral therapy [TGC-MCBT]).

Table 5. Theories of Problem Gambling and Gambling Disorder

Theory	Description
Learning	Positive reinforcement through winning and experiencing enjoyment related to gambling cause some people to continue to gamble.
	Gambling increases due to negative reinforcement in the form of escape from unpleasant experiences, such as stress, financial worries, and difficult home situations.
	Large wins serve as very powerful reinforcers.
	Games that offer immediate reinforcement (e.g., slots) more readily increase gambling behavior.
	Priming occurs when gambling establishments offer inducements designed to cause the individual to resume gambling (e.g., free tokens).

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2.3 The Biopsychosocial Model of Problem Gambling

The biopsychosocial model outlines key dimensions for treatment planning

This integrated biopsychosocial model, which is presented in Figure 2, recognizes multiple variables that may intersect and ultimately lead to the development of problem gambling, and is agnostic to specific pathways of risk.

Those with a family history of problem gambling may be both biologically and psychologically vulnerable to the development of problem gambling. However, without sufficient gambling experience, these individuals are unlikely to develop problem gambling. On the other hand, those without a family history of problem gambling may still experience significant gambling harm. Some experience a large win, which reinforces their gambling and strengthens irrational beliefs about gambling. Others like Tyler, who is described in Chapter 5, may find gambling enjoyable because of the excitement it provides or the relief it offers from stressful life experiences. A key element is that gambling is not purely behaviorally conditioned but also begins to take on a functional role in the individual's life. As individuals who gamble experience greater problems, their self-efficacy to control their gambling diminishes, further limiting the possibility that they will effectively self-regulate their behavior.

The integrated model of the development of problem gambling offers clinical utility to understand and treat those presenting with a gambling problem. By recognizing a variety of pathways to problem gambling, the clinician can relate clients' behaviors to their unique biological, psychological, and social histories. Importantly, the model aligns well with empirically supported cognitive-behavioral techniques (see Section 3.2.3 Empirically

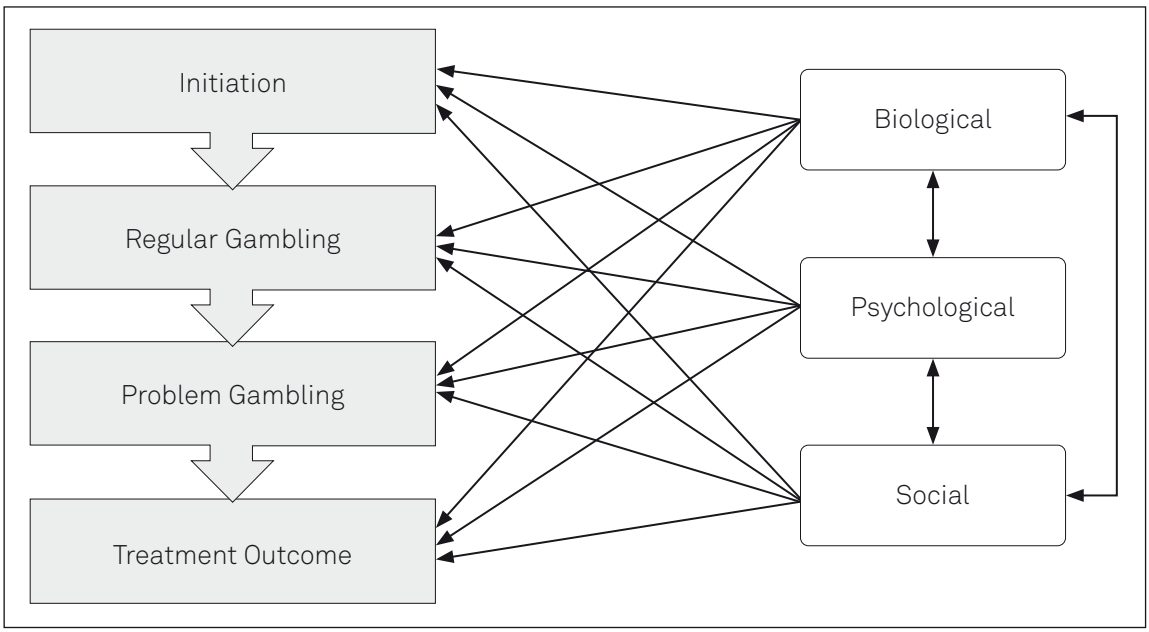


Figure 2. The biopsychosocial model of gambling addiction (adapted from Earleywine, 2016).

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3

Diagnosis and Treatment Indications

This chapter provides a framework for conducting a diagnostic assessment and structuring treatment for gambling disorder. This section includes potential assessments that may be useful to integrate as part of the TGC-MCBT.

3.1 Diagnosis Indications

A diagnosis of gambling disorder will require integrating data from multiple assessments. Clinicians will need to conduct a comprehensive clinical interview, ask clients to complete self-report assessments of gambling problems, and consider other potential diagnoses.

3.1.1 Diagnostic Interview

The SCID-GD (Molander et al., 2023) has good validity evidence as a diagnostic interview for the DSM-5 criteria for gambling disorder (see Chapter 1). A person meets a specific diagnostic criterion if they respond affirmatively to it. Endorsing at least four criteria means that they meet the criteria for a gambling disorder diagnosis. The interview should begin with asking clients to describe their problems and reasons for seeking treatment, and clinicians should determine the onset, historical course of the problem, and personal or family history of gambling problems.

3.1.2 Self-Report Assessments

Self-report assessments are a valuable resource for supplementing the information gathered during the diagnostic interview. The PGSI (see Section 1.7.2) is a nine-item assessment of gambling problems during the past year, and a score of 8 or more on the PGSI is indicative of possible gambling disorder (Ferris & Wynne, 2001). Scores between 1 and 7 suggest some degree of risk; however, research does not support distinguishing risk below a score of 8 (Currie et al., 2013). While a score greater than 7 shows a relation to the likelihood of a diagnosis, the PGSI is not a diagnostic tool. The PGSI items assess a mix of diagnostic symptoms with gambling harms. It is the most

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4

Treatment

In this chapter, we present the practice guidelines for TGC-MCBT (also called The Gambling Clinic's Motivationally Enhanced Cognitive Behavioral Therapy). This is a treatment designed for individual presenting with gambling problems, which was developed and revised over the past 25 years. These guidelines provide sequential objectives as well as the steps and tools needed to reach them. It is vitally important for therapists to demonstrate credibility by being familiar with gambling-related terminology and core concepts. While it is understandable that a clinician may not know every slang term or colloquial expression used by individuals who gamble, it is unacceptable for a therapist to be unfamiliar with the fundamental language and ideas commonly used within gambling contexts. A lack of such knowledge can hinder rapport, reduce trust, and compromise the effectiveness of treatment. Competence in this area is essential for accurately assessing gambling behavior and engaging meaningfully with clients.

The five treatment phases allow for flexible, adaptable care

The treatment's five phases are described below and outlined in Table 8. These phases can be completed in as few as five sessions or hours, but we find that most clients need 8 to 12 sessions to complete all phase content. Typically, the course of treatment lasts 3 to 4 months. Attendance and treatment compliance are important, but as clinicians, it is essential to consider adapting the pace and schedule of treatment to fit client progress.

Table 8. Five Phases of Guided Self-Change for Gambling in TGC-MCBT

Phase	Focus	Components	Homework given
1	Assessment and engagement	Engage client Explain treatment Discuss client's decision to seek treatment Take personal & gambling history Identify pros & cons of gambling	Complete assessment measures (i.e., Timeline Rewind) Exercise 1: Persistence Through Setbacks reading and reflection Exercise 2: Making a Values-Informed Decision About Your Gambling exercise
2	Motivational feedback	Review recent gambling Provide personalized motivational feedback Identify treatment goal Review Persistence Through Setbacks reading Review Making a Values-Informed Decision About Your Gambling exercise	Understanding your gambling – Exercise 3: Triggers and Consequences exercise

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a more comprehensive training experience than what can be provided in this book. Finally, work with someone else to refine your execution of these skills. Investment in learning and practicing this motivational style will pay off in improved retention and outcome.

Clinical Pearl

An Overview of Motivational Interviewing Style

The challenge for the therapist is to approach each treatment phase in such a way that clients can experience success before moving on to the next phase. Adopting a motivational interviewing style in treatment can facilitate this movement. The material presented here provides a brief synopsis of motivational interviewing. The reader of this book is strongly encouraged to review or seek specific training in motivational interviewing before attempting to implement TGC-MCBT.

What is motivational interviewing?

- Motivational interviewing is a directive and client-centered counseling style.
- It elicits behavior change by helping clients explore and resolve ambivalence.
- It helps to reinforce a client's own motivation and commitment to change by increasing the discrepancy between the client's current behavior and desired.
- During motivational interviewing, genuine engagement and empathetic listening are essential to facilitate change.

How do motivational techniques help people change?

- Guiding clients to reflect more deeply on their high-risk behavior through personalized feedback on previous gambling behavior.
- Using self-evaluations of the pros and cons of behavior change to judge how serious a problem their gambling is for them in relation to their values and other life issues.
- Looking at ways to begin the change process by creating goal statements, identifying strengths, and developing action plans.

Basic motivational interviewing concepts

- Approach with genuineness and humility.
- Express empathy through reflective listening.
- Resist the fixing reflex or the therapist's urge to help or fix the problem for the client.
- Avoid reactance and direct confrontation.
- Support self-efficacy, autonomy, and optimism.
- Facilitate and respond to change talk.

4.1.2 Phase 1: Assessment and Engagement

The primary goals of this phase are to obtain information regarding the individual client and their gambling behavior and to strengthen client's motivation to change. This phase should be viewed as much more than an information-gathering opportunity. We must also build rapport and engage the client in the treatment. During this initial phase, you should strive to develop an authentic and collaborative relationship with the client. As described in the previous section, you can foster this relationship by adopting a motivational,

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Case Vignette: Tyler

The following summarizes how our treatment was used in the case of a man named Tyler. Please understand that elements of this case summary have been changed to protect Tyler's identity. However, this case accurately provides an example of an individual who presented for treatment at The Gambling Clinic (TGC) at the Tennessee Institute of Gambling Education and Research. In total, Tyler completed all five phases of treatment in seven sessions over an 11-week period. Tyler also attended a follow-up session 6 months after the end of treatment.

5.1 Phase 1: Assessment and Engagement

The assessment phase began with a motivational discussion about what brought Tyler to our clinic. Tyler volunteered that he contacted the clinic because both his fiancée and his mother were concerned about him, and he was worried that they might be right about his need to change his gambling. The therapist provided a brief overview of the program as described in Chapter 4 and conducted a semistructured interview to collect Tyler's gambling history and basic demographic information. Like most of those who contact our clinic, Tyler was forthcoming when talking about gambling. This assessment represented Tyler's first attempt to seek help for gambling or attend treatment for any mental health concern.

Of note, a few weeks before Tyler contacted our clinic, his mother called seeking information about our services. During this initial call from Tyler's mother, she informed the clinic that she was worried about Tyler's gambling and wanted to make sure we had open appointments at the time she "finally convinced him to get help." She was concerned Tyler was "in a bad place" and that "his fiancée would leave him, because he is so focused on gambling, he won't pick a wedding date." Eventually, Tyler called to make an appointment to come to the clinic.

At the first appointment, Tyler referenced his mother's insistence and shared that he felt she was "right to be concerned about him." He also confirmed his mother's disclosure that his relationship with his fiancée had gotten quite strained, that she had recently declined his offer for her to move in with him, and that gambling was "probably a way to avoid thinking about what would happen next with them."

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pretreatment assessments were also provided to Tyler and discussed with him in session.

Box 2. Tyler's Timeline Rewind Report

Timeline Rewind Take a Look at the Big Picture

Thank you for completing the pretreatment assessment we had asked you to do. Partnering this way and providing us with this information is key to our start in helping you make the changes you want. We have now crunched the numbers that you gave us. What follows is our report of what we learned from you. Let's take a close look and perhaps really refine where you hope to make changes.

Intent: How much did you intend to sports bet?

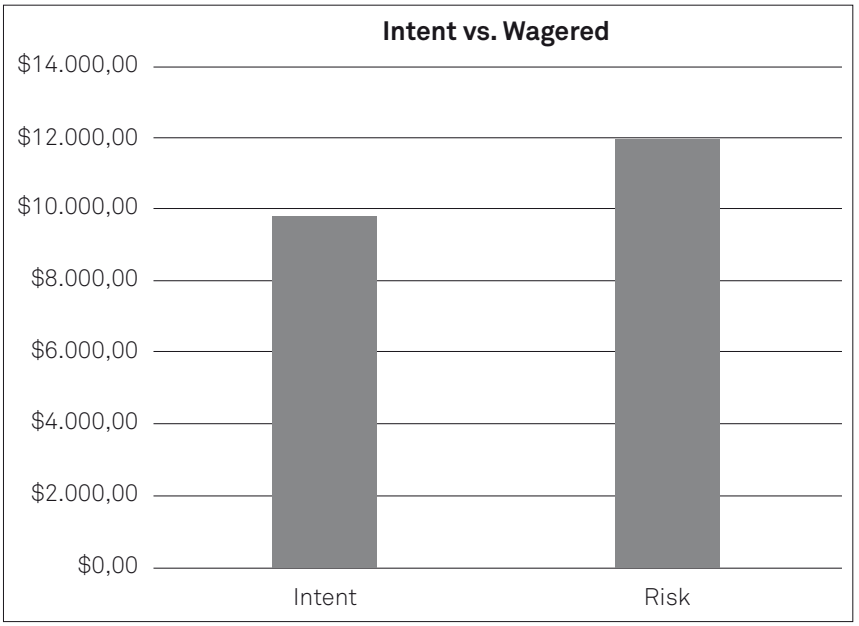
Over the course of the past 3 months, you sports bet 77 times and intended to wager $9,775. This is approximately 56% of your total reported income for this time period.

- Does this seem to match what you thought you were gambling?
- Is this value and percentage higher or lower than you would have guessed?

Risk: How much did you wager?

Over the course of the past 3 months, you sports bet 77 times and wagered $11,970. This is approximately 69% of your total reported income for this time.

- Over the past 3 months you wagered $2,195 more than intended.
- You wagered more than you intended on 42 of 77 sports betting episodes during the past 3 months.
- Looking at the graph below, what do you think about the differences between what you may have intended and what you gambled?
- Are you comfortable with that percentage of your income being spent on gambling?



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Appendix: Tools and Resources

Appendix 1: Gambling Timeline Rewind
Appendix 2: Readability-Enhanced Assessment for Diagnosing Gambling Disorder (READ GD)
Appendix 3: Gamblers' Beliefs Questionnaire (GBQ)
Appendix 4: Gambling Self-Efficacy Questionnaire (GSEQ)
Appendix 5: Five Core Exercises
Appendix 6: Goal Statement Form
Appendix 7: Surfing the Urge Exercise



How to proceed:

1. Go to www.hgf.io/media and create a user account. If you already have one, please log in.
2. Go to **My supplementary materials** in your account dashboard and enter the code below. You will automatically be redirected to the download area, where you can access and download the supplementary materials.
   Code: xxx

To make sure you have permanent direct access to all the materials, we recommend that you download them and save them on your computer.

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Peer Commentaries

This book is an invaluable resource for psychologists, other healthcare providers, and anyone who wants to understand gambling disorder and its treatment. It offers a foundation in the nature and epidemiology of the condition, along with practical tools and resources for assessment and treatment, including a step-by-step practice guideline built on first-hand experience helping thousands of people change their relationship with gambling. Only an author team like this, informed by both direct clinical experience and their own rigorous science, could produce such a valuable contribution to the field. I highly recommend it.

Heather Gray, PhD, Assistant Professor of Psychology in the Department of Psychiatry, Harvard Medical School, Boston, MA

Providing an invaluable account of the history of problem gambling and the latest research in the field, this book is essential reading for anyone seeking to treat gambling disorder. Treatment providers will particularly appreciate the detailed explanation of the TGC-MCBT approach, especially those working with clients experiencing gambling problems for the first time. The accompanying case vignette illuminates how the method works in practice, bringing the therapeutic process to life. Together, these elements make the book an accessible and practical resource for both new and experienced clinicians.

Travis Sztainert, PhD, Director of Research and Education at the International Center for Responsible Gaming (ICRG) & Adjunct Research Professor, Carleton University, Ottawa, ON, Canada

Gambling Disorder *succeeds at something remarkably difficult: translating a complex and rapidly evolving evidence base into guidance that treatment providers can readily use. Whelan, Ginley, and Pfund combine decades of clinical and research experience to provide a clear, compassionate, and highly practical approach to assessment and treatment. This authoritative and accessible volume should be essential reading for professionals working with people experiencing gambling-related harm, as well as for anyone seeking a deeper understanding of gambling problems, its etiology, and evidence-based care.*

Michael J. A. Wohl, PhD, FCAHS, Professor, Department of Psychology, Carleton University, Ottawa, ON, Canada

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