



## A Case Study of a Person with Gambling Disorder with Depression: A Cognitive-Behavioral Casework Approach

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### Abstract

**Background:** Effective psychosocial treatment like Cognitive Behavior Therapy (CBT) is needed for quick recovery from gambling addiction. The applicability of CBT is to identify and change “cognitive distortions and errors” that are associated with excessive gambling and its adverse consequences.

**Aim:** The aim of the present study was to manage gambling disorder using a cognitive behavioral casework approach.

**Methodology:** It uses a single-subject design and compares pre- and post-intervention baseline data with that following intervention. Psychiatric social work assessment using - social history Performa, Gambling Symptom Assessment Scale (G-SAS), Family Assessment Device (FAD) Beck Depression Inventory (BDI), Hamilton Anxiety Rating Scale (HAM-A), The Online Gambling Diagnostic Questionnaire (OGD-Q) The 21-item Barratt Impulsiveness Scale Revised (BIS-R-21) Based on the assessment, psychiatric social work intervention based on cognitive behavior casework approach was provided to Client.

**Results:** There was a change in the pre- and post-score on Gambling Symptom Assessment Scale (G-SAS), Beck Depression Inventory (BDI), Hamilton Anxiety Rating Scale (HAM-A), and The Online Gambling Diagnostic Questionnaire (OGD-Q).

**Conclusion:** Cognitive-behavioral therapy is the most efficient form of scientifically validated treatment for gambling disorders.

**Keywords:** Gambling Disorder Psycho-Education; CBT; Psychiatric Social Work Intervention

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### Introduction

There has been a dearth of research on gambling disorders, their negative effects, and psychosocial interventions in India. One of the studies found that 8% to 10% of the world's overall gambling business is made up of online gambling [1]. Gambling causes high rates of comorbid conditions affecting one's physical and mental health, most commonly anxiety- and depression-related disorders [2]. It also impacts the physical and mental health of the family. Although there are effective psychosocial therapies for compulsive gambling, Cognitive Behavioral Therapy (CBT) is most beneficial for those who have a gambling disorder. Internet-based gambling addictions are thought to respond well to Cognitive Behavioral Therapy (CBT). CBT helps patients/clients with problems gambling become aware of the cognitive distortions associated with winning and losing [3-5]. The current research is a case study of a client with a gambling disorder with mild to moderate depression.

### Case Presentation

The index client was 27 years old, Hindu, married from middle socioeconomic background, and hailing from Delhi, India. The information was gathered from the client himself, his father and the client's case record file. The information gathered was reliable and adequate. The index client visited Institute of Human Behavior and Allied Sciences (IHBAS), Delhi, with the chief complaints of excessive online gambling, decreased interaction, anxiety, palpitation and decreased need for sleep. According to the client, he started playing Dream11 (a Sports Gaming platform with users playing Fantasy Cricket) on his mobile. He started playing Dream11 and started winning cash. He started enjoying the game and was feeling awesome as he was winning and had also been able to withdraw the money successfully. According to the client, his brother-in-law introduced him to an online gambling platform. He started playing gambling on Betting Apps. At the time of treatment,

**Table 1:** Family dynamics of the client's family on the basis of Mc Family assessment device.

Family Assessment Device (FAD)	Scores	Findings
Problem-solving	2.3	Unhealthy
Communication	2	Healthy
Roles	2.25	Healthy
Affective responsiveness	2.23	Unhealthy
Affective involvement	2.22	Unhealthy
Behavioral control	2.2	Unhealthy

**Table 2:** Pre and post score of BDI, HAM-A, BIS-II, OGD-Q and GSAS.

Tools	Pre-test scores	Findings	Post-test scores	Findings
Beck Depression Scale (BDI)	38	Severe level	22	Mild level
Hamilton Anxiety Rating Scale (HAM-A)	18	Moderate level	6	No anxiety
Barratt Impulsiveness Scale (BIS-11)	65	-	42	
Online Gambling Disorder Questionnaire (OGD-Q)	45	-	16	
Gambling Symptom Assessment Scale (GSAS)	31	Severe level	18	Mild

the client was married and his wife was pregnant, he was working in a private bank as a cashier in Delhi. Initially, his gambling behavior did not have any immediate adverse consequences in his social and occupational life. Initially, he was less involved in gambling, but in the last year, he began to gamble periodically to improve her financial situation. He would spend most of his time on computers after coming from work, he would be online till late at night. His sleep was disturbed. He started taking loans from private banks to play online gambling. He also borrowed money from his family members to play online gambling. The client started gambling with greater amounts of money and more frequently. He became increasingly preoccupied with thoughts about gambling. Although he was aware that he was losing more money than he was winning, he would often gamble the day after losing money in hopes of winning back ("chasing") his losses. He used to be preoccupied with how to make money when he used to lose it and many a time, he was not able to return the money as he lost it during gambling. He without informing invested his father's money in gambling and he played online gambling with this money and lost the whole amount. He stated feeling anxious, and Palpitation and started thinking about how he will able to return the money to his father. He started having disturbed sleep, and his interaction with family members decreased. According to the patient, his mind was preoccupied with gambling and most of the time he thinking about money loan repayment. His continuous efforts to reduce or stop gambling resulted in irritability and restlessness. Initially, he has not informed anyone in the family about his gambling behavior. Occasionally, he had suicidal ideation but never made any suicide attempts, He began to experience financial problems as a result of his gambling behavior. He shared his problems with his parents. The family was distressed after hearing about the money he lost in online gambling. His family members brought him to IHBAS for treatment. The main motivation to seek treatment was the constant arguments with his wife and father about the monetary constraints caused by her gambling activities. He also felt ashamed and guilty about the money spent gambling over the years. Although he experienced financial difficulties due to her gambling behavior. The client was having difficulties with attention and concentration at work. According to the client because of his gambling, he was socially withdrawn, spending

less time with his friends and family members, and increasing conflict with family members due to her overall irritability. He also reported report experiencing several depressive symptoms over the past few weeks, including little interest or pleasure in doing things, feeling guilty, hopelessness and helplessness and becoming easily annoyed or irritable. The client was diagnosed with Gambling disorder with mild to moderate depression.

## Methodology

The current study uses a single-subject design and compares pre- and post-intervention baseline data with that following intervention. Psychiatric social work assessment was done using - Gambling Symptom Assessment Scale (G-SAS), Family Assessment Device (FAD) [6], Beck Depression Inventory (BDI) [7], Hamilton Anxiety Rating Scale (HAM-A) [8], The Online Gambling Diagnostic Questionnaire (OGD-Q) [9], The 21-item Barratt Impulsiveness Scale Revised (BIS-R-21) [10], The Gambling Symptom Assessment Scale (G-SAS) [11]. It uses a single-subject design and compares pre- and post-intervention baseline data with that following intervention.

## Results

Table 1 shows that in the family assessment device, problem-solving, affective responsiveness and affective involvement domain was found to be unhealthy. Table 2 shows that there was a change in pre- and post-score on Beck Depression Scale, Hamilton Anxiety Rating Scale (HAM-A), Barratt Impulsiveness Scale (BIS-11), Online Gambling Disorder Questionnaire (OGD-Q), Gambling Symptom Assessment Scale.

## Psychiatric Social Work Intervention

For this case study, the Psychiatric Intervention mostly focuses on Cognitive Behavioral Therapy (CBT).

### Process of intervention

**Rapport establishment:** The initial session focused on Building rapport. The main goal was to develop a critical component of successful client-therapist relationships, promote open communication, develop trust, and foster the client's desire to participate in the therapy program. Reassurance, a positive attitude and confidentiality were maintained in order to make the sessions meaningful and progressive.

**Family assessment and intervention:** The family assessment was done with the client's father to address the psychosocial issues of the family. The family session mainly focused on providing supportive therapy to the father and mother.

**Cognitive behavioral therapy:** The therapy aims to treat individuals with gambling disorder and its associated psychosocial issues such as depression and anxiety. The improvement in distress, and disturbance associated with gambling disorder.

### General assessment & cognitive behavior therapy

The first session was conducted with the objective of building a therapeutic relationship with the client, assessing the client's explanation of the Gambling Disorder and its impact and introducing the therapy. As the therapist introduced the therapy the client was welcoming and ready to go forward.

The second session mainly focused on educating the client about gambling disorders and their consequences were explained to the client. Financial problems related to gambling, legal problems,

family, job-related problems and stress-related problems (insomnia, nervousness, depression, anxiety) were discussed in the session. The client was taught how to deal with the consequences. He was taught new coping abilities and problem-solving skills.

The third and fourth sessions focused on modifying irrational beliefs. The client was taught to develop alternative thoughts to deal with the first set of cognitive distortions. He was asked to recognize the erroneous cognitions that affect gambling, to develop skills for challenging and casting doubt on erroneous thoughts, and to understand and realize that the power to decide whether to gamble or not is in the hand of the client. Homework was assigned to the client to write out the last 3 occasions when he went gambling and think of alternative thoughts and the new behavior that he would follow.

The fifth session focused on learning the difference between gambling urges and triggers and learning ways to deal with gambling urges and triggers.

The sixth session mainly focused on a healthy lifestyle. His day-to-day activity was structured. He was asked to be involved in some physical activity (joining the gym/evening and morning walks/yoga/mindfulness exercises). The client was asked to identify the stress and consider strategies for dealing with them. The client was taught problem-solving skills for dealing with the stress of daily life.

The seventh session focused on relapse prevention strategies. A high-risk situation was identified. He was asked to remove access to Gambling Apps and Websites. He was taught how to control negative and positive emotions. He was also taught how to handle urges and cravings (coping with urges and cravings). The relaxation technique was taught to the client (deep breathing exercises, mindfulness meditations) to manage stress and improve overall mental well-being.

After completing the 8 weekly sessions, the client continued to come to therapy for monthly follow-up sessions. At follow-up, three months were done. A posttest was done after three months of follow-up. The client continued to abstain from gambling. During these sessions, the therapist and patient continued working on strengthening the skills learned during the sessions.

## Discussion and Conclusion

The results show that after the cognitive behavioral casework approach, there was a difference in pre and post-test scores on Beck Depression Scale, Hamilton Anxiety Rating Scale (HAM-A), Barratt Impulsiveness Scale (BIS-11), Online Gambling Disorder Questionnaire (OGD-Q), Gambling Symptom Assessment Scale. In a study conducted by Gooding and TARRIER [12], there is conclusive evidence that cognitive-behavioral therapy creates visible improvements in the gambler's behavior, which are maintained at the follow-up evaluation conducted 3 months post-treatment. Currently, the only evidence-based treatments for Gambling disorders are Cognitive Behavioral Treatments (CBT) and Clinical trials have

shown CBT to be effective in reducing gambling behavior and related problems [3,4,13,14]. The finding of the case study shows that the psychiatric social work assessment and intervention of the client focused on enhancing coping strategies and changing unhelpful patterns in cognition, behavior and emotions based on the Cognitive Behavioral Approach is effective. A brief psychosocial intervention and pharmacological treatment can positively impact the person with a gambling disorder.

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