

**Concurrent Gambling, Anger
and Substance Use:
Evaluation of an Integrated Treatment**

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Concurrent Addictions and Anger

- High rates of SA among problem gamblers¹, and high rates of problem gambling in substance users²
- Link between SA, anger and violence well-documented
- Higher incidence of anger problems among problem gamblers than non-problem gamblers seeking SA treatment³
- Lack of empirically tested treatments for concurrent anger and addictions
- Theories posit affect dysregulation as common deficit
- Is it beneficial to address concurrent gambling, substance use, and anger in an integrated treatment?

¹ Crockford & el-Gabaly, 1998; Ramirez, McCormick, Russo & Taber, 1983; McCormick, Russo, Ramirez & Taber, 1984; Bland, Newman, Orn & Stebelsky, 1993; ² Spunt, Lesieur, Hunt & Cahill, 1995; Elia & Jacobs, 1993; Lesieur, Blume & Zoppa, 1986; Lesieur & Heineman, 1988; Lesieur & Blume, 1990; ³ Unpublished intake data from the Addictions Program, Centre for Addiction and Mental Health.

Study Design

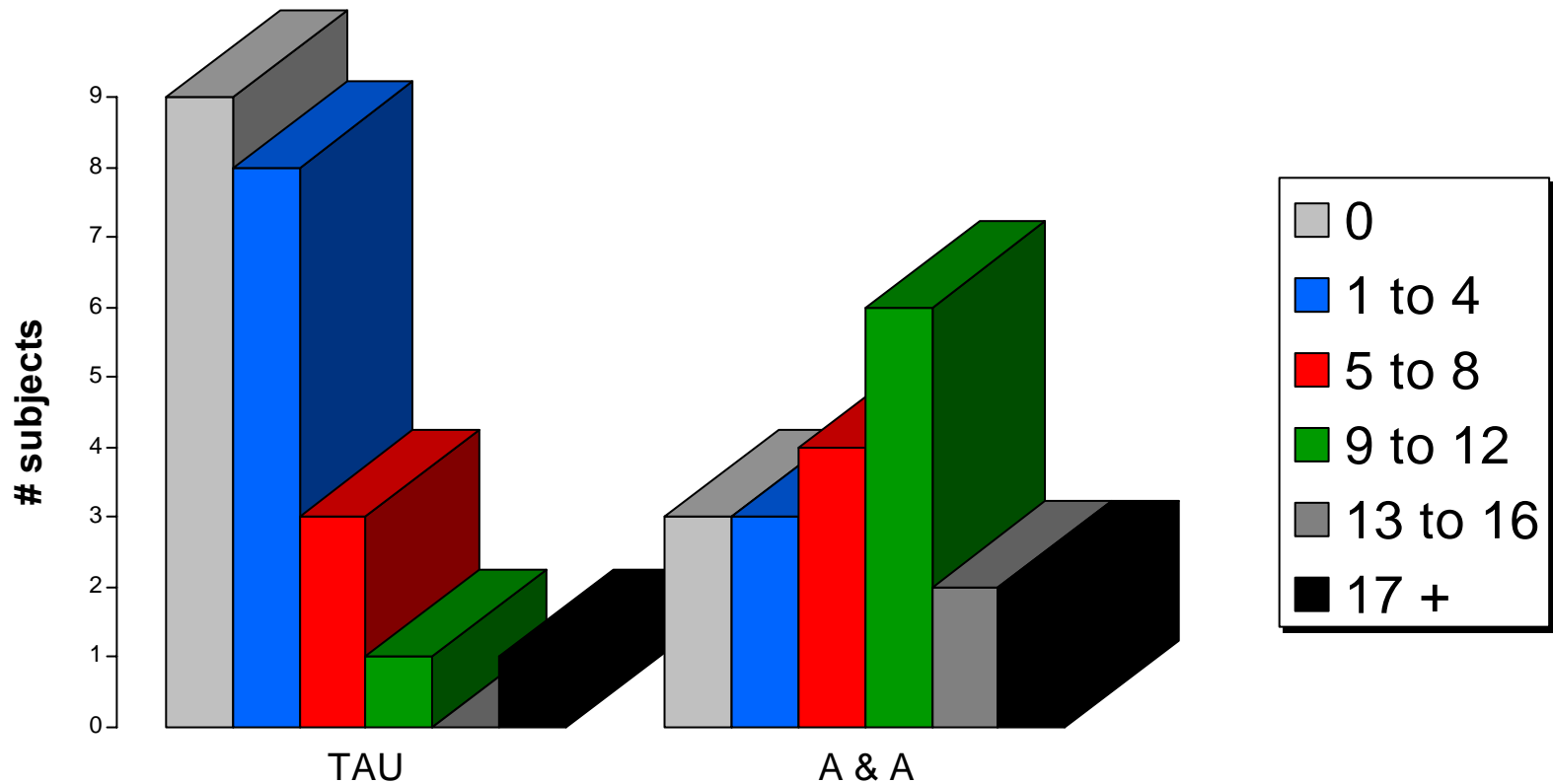
- Participants: Problem gamblers (CPGI ≥ 8), all with self-identified anger problems, with or without concurrent substance use problems
- RCT, 42 participants stratified by substance dependence
- Assessment periods: Intake ($T1$), 14 weeks ($T2$), 12-week follow-up ($T3$)
- Experimental treatment offered in the Anger and Addiction Clinic (A & A) at CAMH
- TAU is the Problem Gambling Service at CAMH

Treatment Conditions

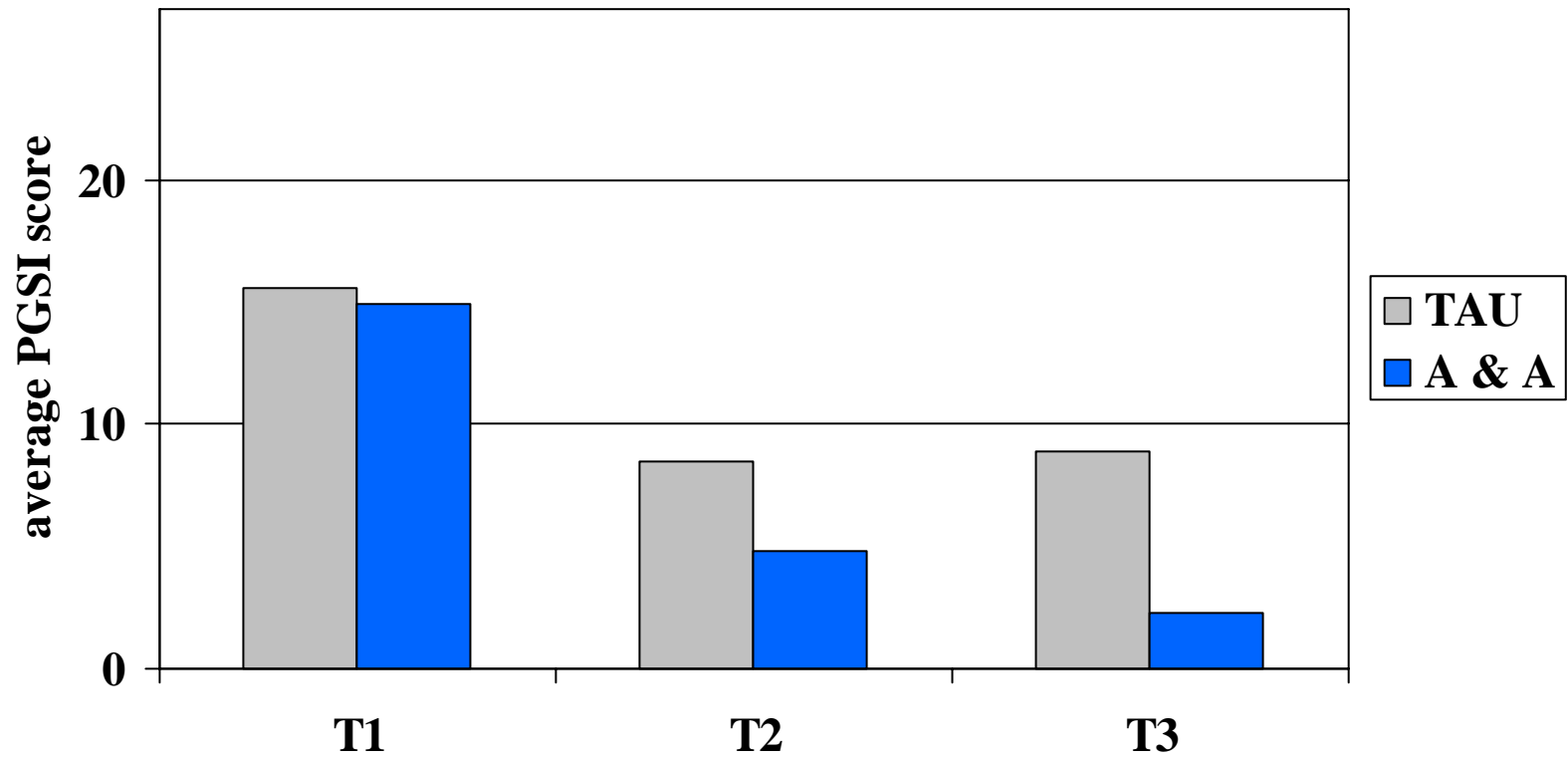
- **A & A** **N = 20**
 - Max. 12 individual weekly sessions (1 hour)
 - Diary card of target behaviours
 - Behavioral training, as relevant (20-30 min.)
 - Skills: analyses of reported target behaviours (30-40 min.)
 - Skills Anger Awareness & DBT skills (mindfulness, emotion regulation, distress tolerance, assertiveness)

- **TAU** **N = 22**
 - Treatment length variable as needed, 1 hour individual sessions and/or 8 weeks of 1 ½ hour groups
 - Focused primarily on problem gambling behaviours, CBT relapse prevention

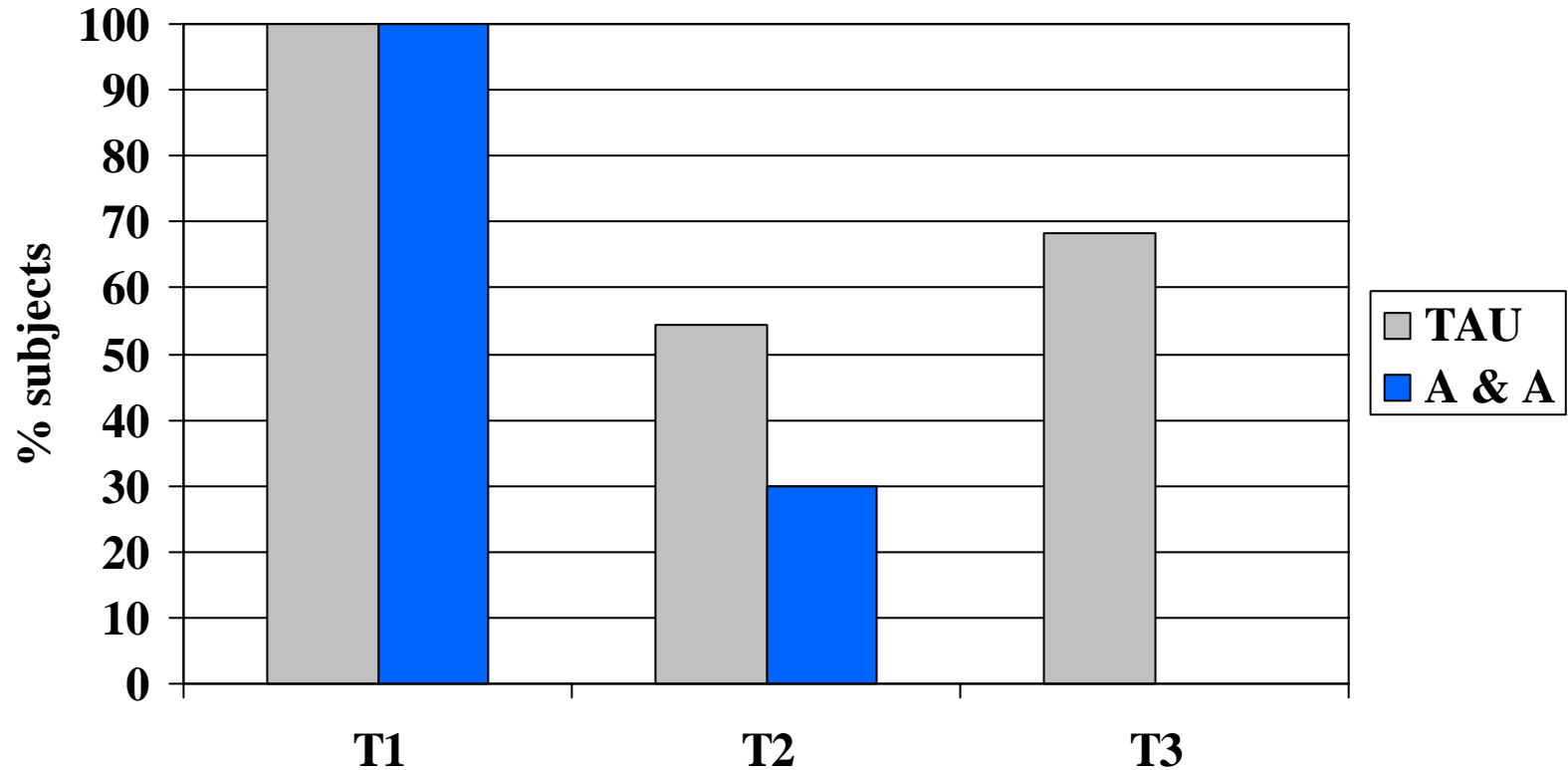
Sessions Attended by Group



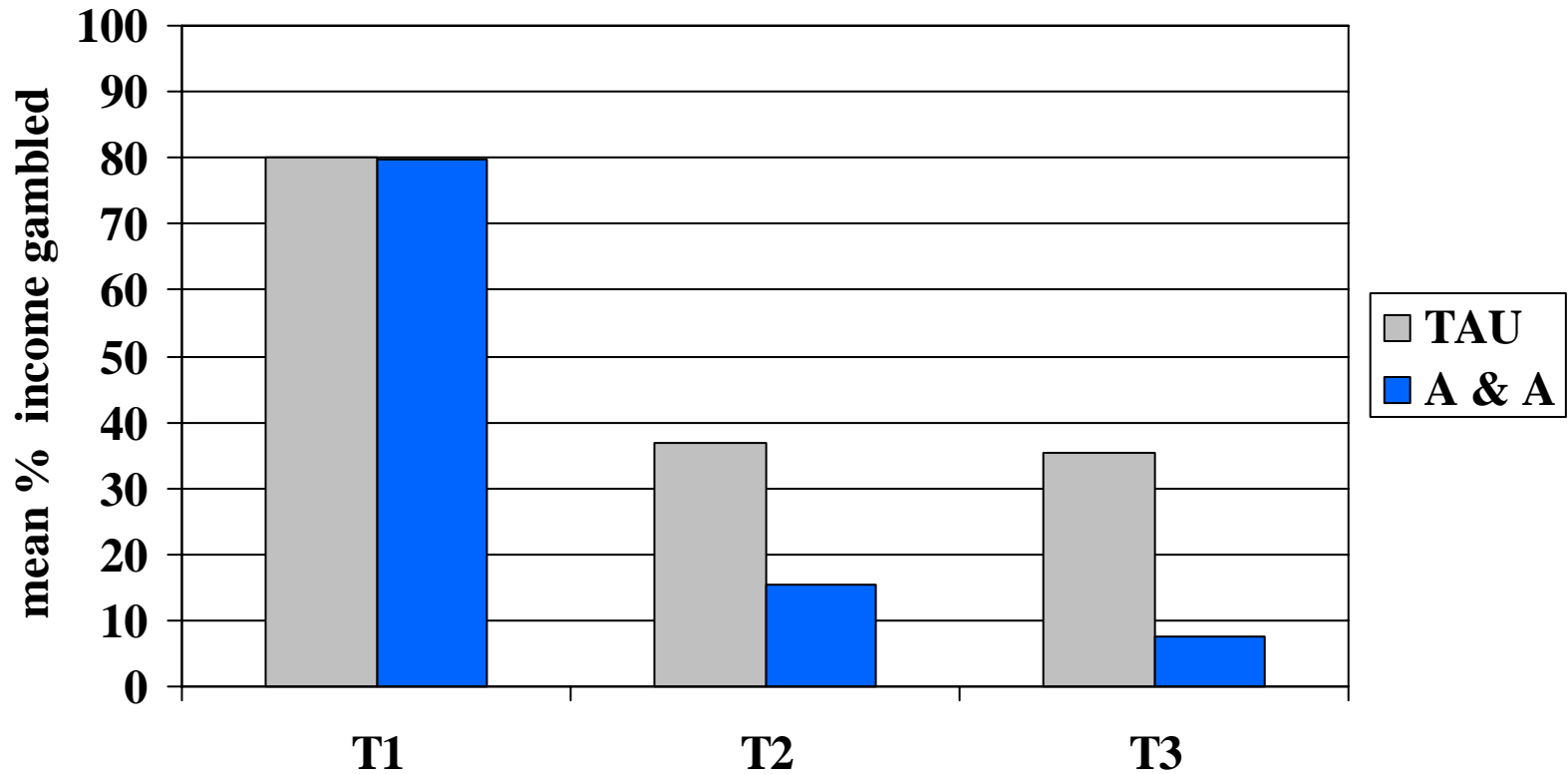
Gambling: PGSI



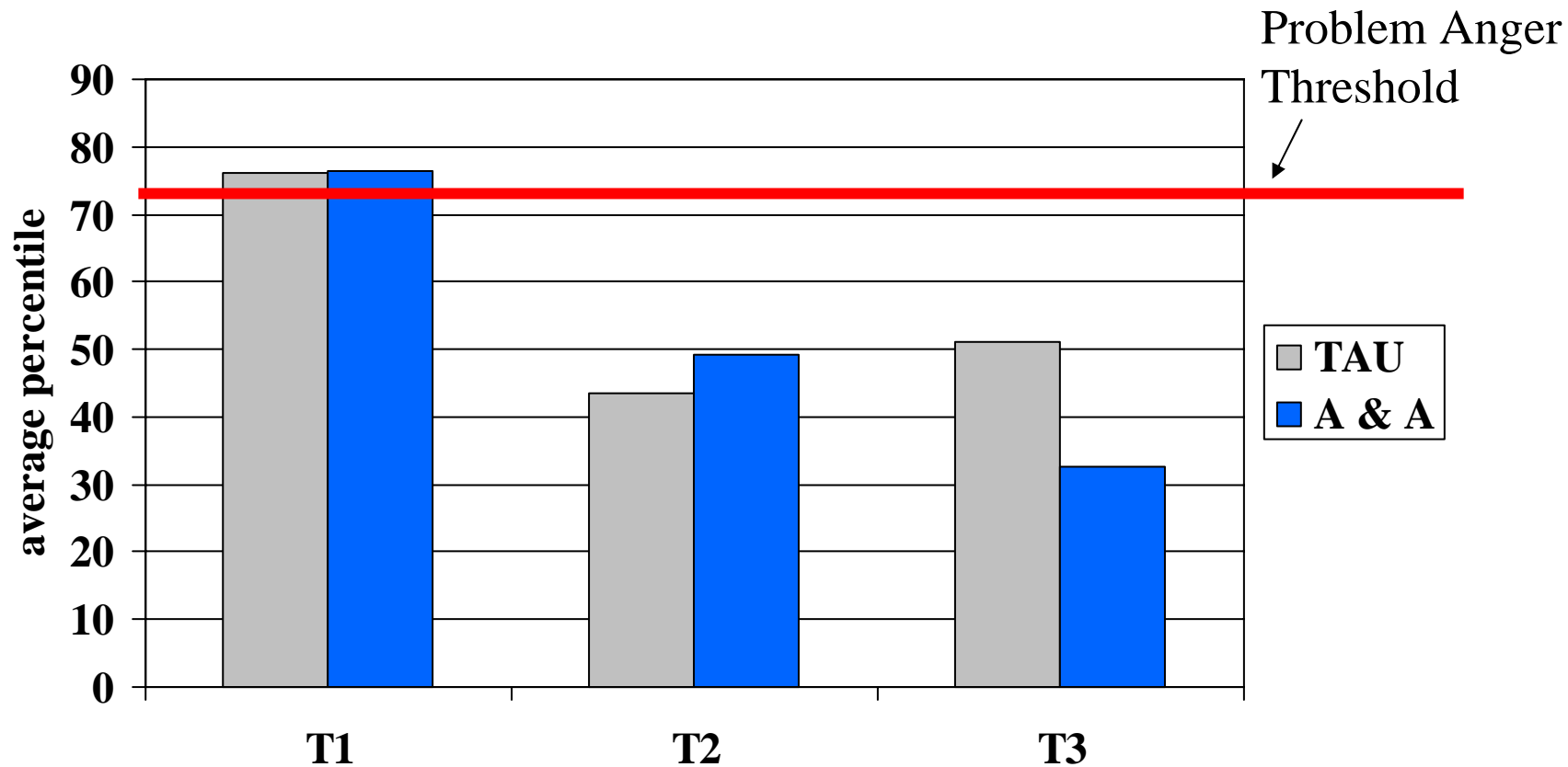
% Meeting Criteria for Problem Gambling (PGSI \geq 8)



Gambling: % monthly income spent gambling

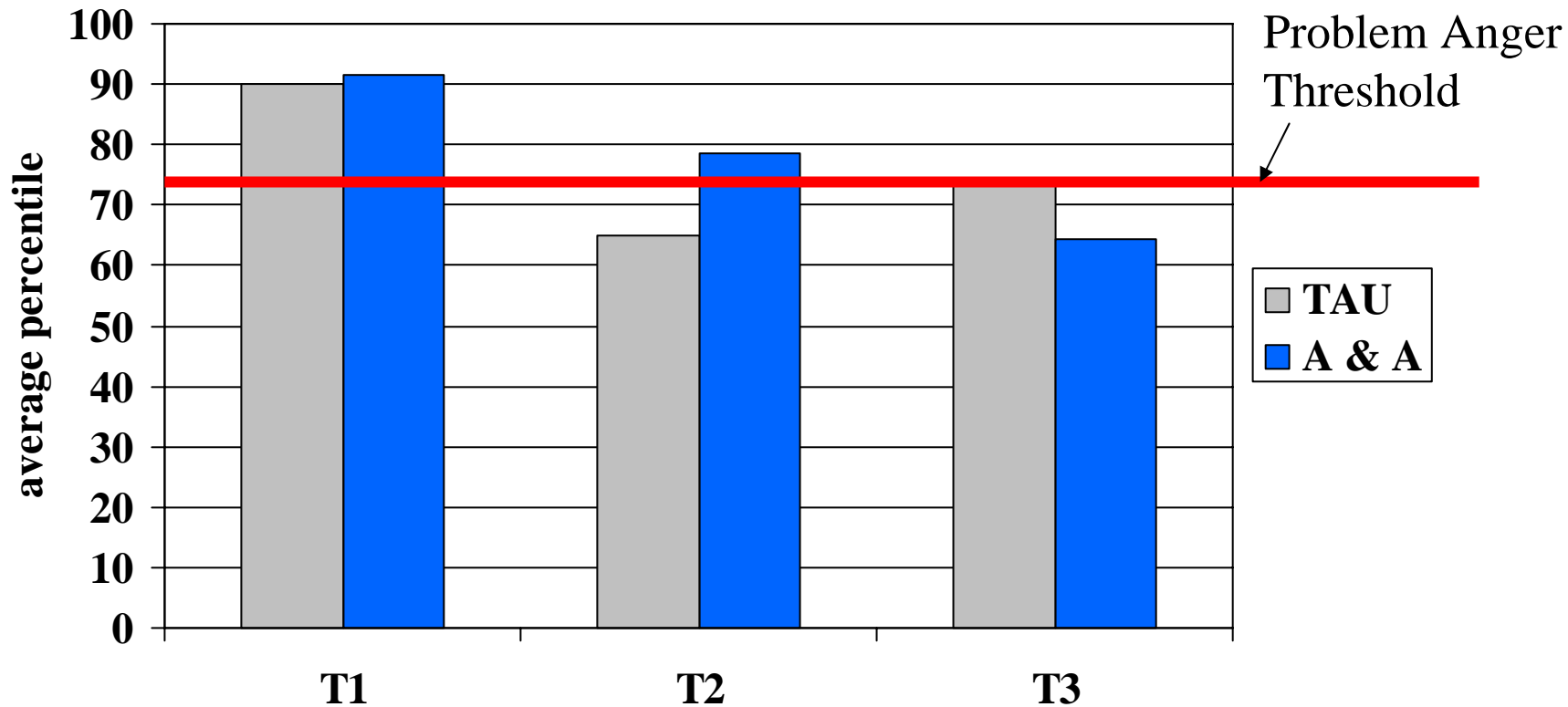


Clinical Significance of Changes: STAXI Trait Anger



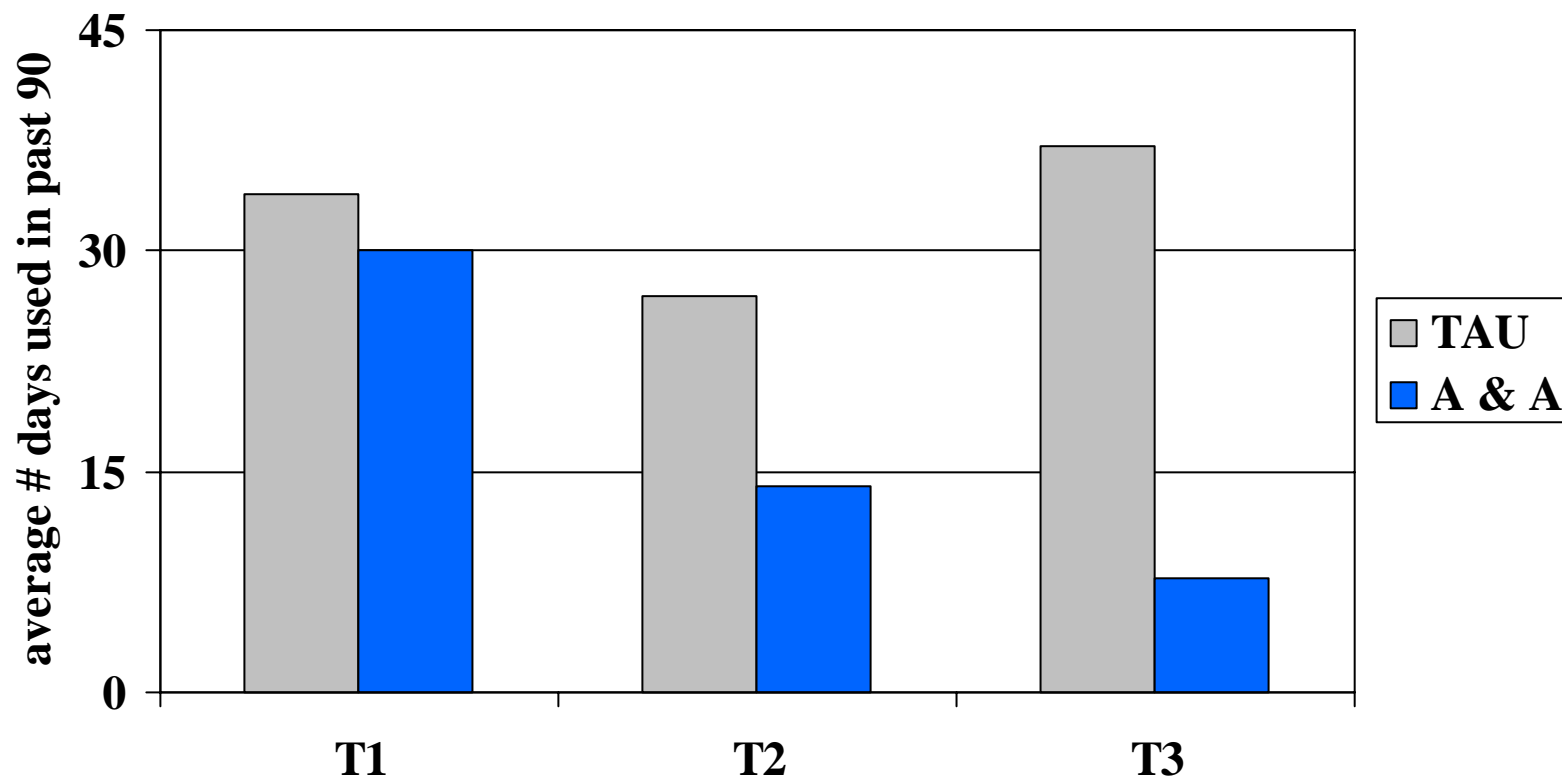
(expressed in percentiles, based on a standardized normal population)

Clinical Significance of Changes: STAXI Anger Expression



(expressed in percentiles, based on a standardized normal population)

Substance Use: Days Used



Findings

Treatment Retention

- Integrated A&A significantly better at retaining clients than gambling-only TAU with angry, problem gambling clients.
- Observed treatment effects on all major outcome variables were not dependent on the number of treatment sessions (# of treatment sessions was the covariate in analyses).

Findings

Gambling

- Gambling reduced significantly in both Integrated A&A and TAU
- Integrative treatment significantly better than gambling-alone treatment in reducing gambling for these concurrent disorders clients
- At T3, 60% of TAU and none of the integrated A&A participants continued to meet criteria for problem gambling.

Findings

Anger

- Integrated A&A and TAU were both effective in reducing anger, though TAU did not target anger.
- Integrated A&A significantly better than TAU in reducing propensity to experience anger.

Findings

Substance Use

- Only the integrated A&A treatment was effective in reducing substance use.

Discussion

- Integrative treatment was more effective than standard gambling-only treatment in reducing gambling, anger & substance use.
- The presence of problem anger may make gambling and other addictions treatment less effective if anger is not addressed concurrently in treatment.
- The concurrent monitoring and targeting of anger & addictions behaviours differentiated the treatments.
- Getting clients in, and retaining them, likely also is important and underscores the importance of using aggressive engagement strategies for multi-problem clients.
- In the treatment of concurrent addictions and anger clients, flexibility appears to be important- i.e., the ability to target multiple problems concurrently appears to be associated with better outcomes.