

## A Compulsive Gambler Case Study

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**Abstract:** The paper presents the case study of a compulsive gambler – Paul – who joined Responsible Gambling Program in Romania and resorted to psychotherapy to be able to quit gambling.

We used cognitive behavioral therapy methods, as well as relapse prevention techniques, so that, at the end of the 6-month therapy, Paul was able to quit this addiction and lead a normal life with his family. The psychological services were free of charge in our program.

**Keywords:** compulsive gambling; case study, CBT, treatment.

Paul is a 34-year-old compulsive gambler, who joined Responsible Gambling Program in Romania, male, married, and with a 2 1/2-year-old child. He studied management at university, after his wife – who has a higher education degree – insisted he did so, but he never graduated and doesn't plan on ever getting his bachelor degree. He is currently working as a taxi driver which allows for plenty of time for gambling without his wife's knowledge.

Paul has a younger brother, to whom he acted as a father, having been tasked to do so by his parents; his relationship with his father has always been fraught as he was distant and stern and would beat him whenever he or his brother made a mistake.

He attended the first therapy session with his wife who was extremely unhappy with their constant lack of money caused by his gambling. Paul loves his wife and he is willing to attend psychotherapy especially since the lack of money affects him as well, considering he wants to move into a two-room apartment, as their studio became too small after the birth of their child. His wife quit her job a few months earlier, as the commute was too long and the work tasks were too strenuous for her. As a result, he found himself forced to handle money in such manner as to be able to support his family and pay the installments for their studio which have increased considerably because of the exchange rate.

Paul considers himself an ambitious, resourceful man who enjoys being the leader; from a very young age, he learned how to make money by selling newspapers in intersections.

We asked the subject to describe, in his own words, the nature of his problems concerning his gambling behavior, and the answer was the following:

*"I believe that I have a problem because lately I've been spending more money on gambling than I initially intended. I've actually reached a point where I'm gambling the money for the studio's monthly installments. At the same time, I've upset my wife who reproaches me that, at this rate, we won't ever be able to afford moving into a two-room apartment. She's also considering moving with our child at her mother's if I don't quit gambling."*

Next, we asked the subject to describe the way in which his gambling addiction developed: *"I started gambling out of boredom because I get bored very easily during the idle moments of my job as a taxi driver. I like playing*

## A Compulsive Gambler Case Study

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*roulette and I had some significant winnings which helped me make some repairs on my car, which isn't new. That's how I got the idea of gambling even more, to get rich and be able to move out of that wretched studio once and for all. I've always considered myself smarter than the rest and that made me bet increasingly large sums of money. When I started losing, I realized that the employees would manipulate the roulette in the back so that I no longer won. Otherwise, I wouldn't be here."*

Paul mentioned as well the easy access to gambling, given there's a gambling hall next to the taxi stand where he waits for clients. He used to gamble once a week, and the largest sum of money he ever bet was a bit more than his monthly income, a clear sign of compulsion, considering that recreational gambling involves betting no more than 2% of the total winning (Rizeanu, 2012).

As for the subject's motivation to change, he stated that he loves his family, he is a devoted father and husband, and he is willing to make all the necessary efforts to reestablish harmony in his marriage, especially since he never felt accepted in his family of origin.

### DIAGNOSIS

To evaluate the gambling addiction, we used the South Oaks Gambling Screen (Lesieur & Blume, 1987) questionnaire on which Paul got 10 points, revealing the pathological nature of his gambling behavior.

After applying the Gambling Related Cognition Scale – GRCS (Raylu & Oei, 2004), we concluded the subject has a lot of irrational beliefs regarding his gambling behavior:

1. Losses will be followed by a series of winnings.
2. My skill and abilities enable my continual gambling.
3. Losses are due to bad luck or to an unfortunate conjuncture, therefore I will continue gambling.
4. If I won at least once, it's certain that I will win again.
5. There are times when I'm in luck, so I gamble only then.
6. My losses are accidental, therefore I will continue gambling.
7. I possess a certain power to make predictions about the incoming winning.

Next, we applied the Inventory of Gambling Situations (Littman-Sharp et al. 2009) and, after considering the answers, we concluded that the subject was at a high risk of compulsive gambling in the following situations: when he felt confident and relaxed, when he felt he didn't get what he deserved or was under the impression that other people didn't like him, when he felt confident in his gambling skills or was criticized.

The predisposing factors for this subject refer to the fact that, during the initial period of his gambling behavior, he had substantial winnings; he has a history of childhood physical and verbal abuse (his father beat him even in front of his schoolmates); he was insufficiently supervised by his parents and witnessed violent scenes between them; he lacks social abilities and assertiveness.

The pathological gambling behavior trigger factors are boredom intolerance, a desire to win money as fast and as easy as possible to solve the financial problems of his family, as well as the relational problems (i.e. his mother-in-law's attempt to control his life, and the alliance between her and his wife).

The pathological gambling behavior maintaining factors are, firstly, the irrational cognitions about gambling, listed above, and secondly, the unsatisfactory financial situation and the disagreements with his mother-in-law and his wife.

## A Compulsive Gambler Case Study

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We also considered that the subject's strong motivation to change would have a positive impact on the development of the psychotherapy and on its outcome.

We used a cognitive-behavioral model of therapy adapted for gambling addiction (Rizeanu, 2012) and together with the subject, we established that the final goal of the treatment was controlled gambling since he was not willing to accept total abstinence. As a result, we informed him that a 3-month abstinence period was mandatory in order to learn effective methods to control this behavior, followed by a controlled gambling behavior within the previously established amounts of money. He agreed to make all the necessary efforts to avoid playing roulette for 3 months, but at the same time he reserved the right to play the lottery weekly, betting a minimum sum of money each time.

The treatment plan, established after the psycho-diagnosis and clinical evaluation sessions, was the following:

- we will go through all the sessions set up in the presented cognitive behavioral therapy model (Rizeanu, 2012);
- we will recommend the subject to attend couples counseling, given the power struggle between him and his wife, fueled indirectly by her mother.

During the second stage of the psychotherapy program, we explained the subject the way in which cognitive behavioral therapy worked, and we presented the cognitive ABC model, explaining that his irrational thoughts on gambling fueled his compulsion. Next, we also explained that changing those irrational thoughts would modify his pathological gambling behavior and, finally, it would help him perform recreational gambling, as he wished.

The cognitive restructuring stage focused on altering his irrational beliefs and replacing them with the following rational beliefs, in accordance with reality, which helped him give up his non-adaptive gambling behavior:

- future winnings cannot be influenced by past winnings or losses;
- winnings are triggered by chance, and not by the player's abilities;
- losses are random;
- we cannot predict winnings when gambling; these are preset by a computerized system.

At the end of this stage, we reevaluated the pathological form of gambling by means of the SOGS questionnaire and, after evaluating the answers, the score was only 4 points which meant that the subject had moved into the risk category, and was no longer in the pathological one.

Cognitive restructuring was also applied in relation to the subject's basic irrational beliefs in order to reduce anxiety symptoms; we continued the assertive training during which the subject learned effective communication methods to apply in his relationship with his wife, as well as with his mother-in-law.

During the relapse prevention stage, the subject learned the emotional and behavioral signs that may suggest an incoming relapse, as well as methods for handling effectively these situations, as outlined above. He also acquired effective ways of handling situations that put him at risk of returning to the pathological behavior.

During the feedback stage, Paul stated that he found the psychological counseling program helpful, but that he would have preferred to be a part of a group therapy program as well, to learn the opinions of other people in his situation.

## A Compulsive Gambler Case Study

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The results the subject obtained during the psychological counseling program were maintained at the 3-month follow-up evaluation. During the evaluation, the subject stated that he had played roulette a few times, but he had bet only the previously planned amounts of money.

## DISCUSSION

We consider that free psychological services for compulsive gamblers would significantly increase their motivation to get involved in the process of change and, implicitly, would greatly increase their odds of recovery, given that pathological gamblers accumulate debts, and paying for psychological counseling sessions would put even more strain on their financial situation.

We cannot state with absolute certainty that the subject was cured from the pathological form of gambling, as a stressful situation may still favor a relapse. We aim to perform another 3-month follow-up evaluation to check how the positive results obtained after taking part in the long-term psychological counseling program were maintained and provide the subject the necessary guidelines, as the case may be.

In the analysis on the effectiveness of the applied counseling model, we also considered the natural recovery process among pathological gamblers who do not receive any type of treatment (Slutske, 2006); empirical research usually reveals improvements both in the groups receiving treatment and in the control groups (Petry et al., 2008, Rizeanu, 2014).

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