

## CASE REPORT

# A Case Report of Administering Rational Emotive Behavioral Therapy in Gambling Disorder

Esengül Ekici<sup>1</sup>, Fatih Yiğman<sup>2</sup>, Olga Güriz<sup>3</sup>

<sup>1</sup>Clinic of Psychiatry, Sungurlu State Hospital, Çorum, Turkey

<sup>2</sup>Department of Psychiatry, Ufuk University Medical Faculty Hospital, Ankara, Turkey

<sup>3</sup>Licensed Psychiatrist, Ankara, Turkey

**ORCID IDs of the authors:** E.E. 0000-0002-5227-798X, F.Y. 0000-0001-6052-7662, O.G. 0000-0001-5220-8215.

## Main Points

- Gambling disorder (GD) has a heterogeneous nature, and it has been shown that gamblers may have some subgroups.
- Rational emotive behavioral therapy has important techniques that can be used to cope with emotional states in GD therapy.
- As GD has many subgroups, it is crucial to individualize the treatments.

## Abstract

A case study of a 37-year-old man who was diagnosed with gambling disorder with constant and uncontrollable Foreign Exchange Market investment and was administered rational emotive behavioral therapy in his treatment is presented in this article. This case was followed up for approximately 1 year, and 24 sessions of therapy were administered to the patient. In addition to the pharmacotherapy chosen according to the comorbidity that is commonly found in patients with gambling disorder, a heterogeneous disorder, the vitality of selecting the individual psychotherapy method according to the predisposing factors for the individual has been discussed on a case-by-case basis.

**Keywords:** Cognitions, depression, gambling disorder, psychotherapy, rational emotive behavioral therapy

## Introduction

In recent years, it has been recommended that tools such as Foreign Exchange Market (Forex) can be counted under the heading of gambling activities because they require “risking money to make money” to generate income (Oberlechner, 2005). When gambling behavior was repetitive and persistent with loss of functionality, there is no standard treatment model for the treatment of gambling disorder (GD) (Kuru et al., 2017). Due to the heterogeneous nature of GD, it has been suggested that there may be subgroups based on the underlying pathology. In different studies, it has been shown that gamblers may have some subgroups (Blaszczynski & Nower, 2002; Christensen et al., 2019). Each group may require different treatment approaches because of its

unique psychological characteristics (Ledgerwood & Petry, 2006). Rational emotive behavioral therapy (REBT), a kind of cognitive – behavioral approach, distinguishes between rational and irrational beliefs and suggests that people can react with either healthy or unhealthy emotional and behavioral responses. The extant research indicates that irrational beliefs lead to unhealthy negative emotions, a range of pathological conditions, and a host of maladaptive behaviors that undermine mental health. So, REBT proposes a process for reducing irrational beliefs and promoting rational beliefs (Ellis & Dryden, 2007). In this article, a case of GD with depression who was treated with drugs for depression and REBT techniques for emotional problems and cognitions that play a role in the continuation of GD has been discussed.

## Corresponding Author:

Esengül Ekici

E-mail:

gulekici09@gmail.com

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## Case Presentation

A 37-year-old male patient is admitted to the clinic with unhappiness, unable to enjoy life, constantly and uncontrollably investing in Forex (especially escaping from negative emotions and investing to recover his losses), and the deterioration of his family – work life balance due to these investments. The patient was diagnosed with “gambling disorder” and “major depression” according to The Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5). The patient’s initial scale scores were 29 and 10 on the Beck Depression Inventory (BDI) and South Oaks Gambling Screen (SOGS) tests, respectively (Duvarcı & Varan, 2001; Hisli, 1988). South Oaks Gambling Screen test was developed to screen for pathological gambling with a time frame like a lifetime, past 6 months, and past 12 months (Lesieur & Blume, 1993). Fluoxetine 20 mg/day was started; however, his impulsive gambling behavior increased after fluoxetine. So, fluoxetine was discontinued and bupropion was started and the dose was increased to 300 mg/day. Despite changing to bupropion, there was no reduction in symptoms related to gambling behavior, and REBT-oriented psychotherapy was also started. In the first two interviews, the patient was informed about the treatment plan, and treatment goals (such as ending gambling, acquiring alternative skills to deal with emotional problems, regaining lost trust in the family) were revealed. In the third interview, the long- and short-term advantages and disadvantages of gambling were reviewed to provide him with treatment motivation. In the fourth to sixth interviews, the individual formulation of the gambling cycle was made, and the situations that could trigger gambling behavior were discussed with the patient. Strategies for eliminating these triggers were developed to allow the patient to gain the cognitive skills to use to stop gambling. In the seventh to tenth interviews with the patient who gained skills in behavioral strategies, it was discussed with the patient that the gambling behavior was not an automatic behavior and it developed after encountering the trigger. The inferences that led him to gamble were determined through the patient’s specific examples. Since these inferences were accepted as true by the patient without questioning, they perpetuated the problematic behavior in the face of any trigger (Ladouceur & Lachance, 2006). When the patient is faced with a triggering situation (e.g., watching the news about exchange rates on social media, time to pay bank debt, arguing with wife), distorted thoughts, such as “If I invest money now, I can predict the result correctly and I will win” (illusion of control) or “I can only pay off my debt if I bet again and win money” (entrapment) appeared. It was aimed to assist the patient in forming alternative thoughts by reviewing the validity and functionality of these inferences. While creating alternative thoughts, it was discussed that people cannot affect situations determined by chance in any way, that it is not realistic to establish an illusory correlation between events without an objective reason, that it is natural to remember more of the past gains (inherently), that it is a memory bias, that it is not possible to make up the lost money by replaying in the long term, and that it is wrong to think that the previous chain of events is decisive when predicting the outcome of an event (gambler’s fallacy). During the 11th to 14th sessions, emotions such as anxiety, depression, and guilt triggered by financial problems were discussed. It was planned to teach coping with the emotional problems by using REBT techniques, taking into account the episodes

he gambled. Irrational beliefs have been identified that play a role in the unhealthy negative emotions. Emphasis was placed on disputing these, using REBT techniques and establishing alternative rational beliefs, thereby achieving healthy negative emotions. After these, the patient’s depressive symptoms decreased. In the 15th and 16th interviews, sessions were held to improve problem-solving skills, when he desired to gamble in his spare time after stopping gambling or after an argument with his wife. In the 17th to 24th sessions, strategies to be used against the possibility of recurrence were discussed. After the fifth session, the patient stopped gambling, continued to pay off his debts without gambling, continued his work, and significantly improved his family life. The patient’s BDI and SOGS scores decreased to 6 and 2 points, respectively, at the end of the 24th session, approximately a year after beginning. The patient’s consent was obtained for this case study.

## Discussion

In this article, a case that developed comorbid depression with GD has been discussed. This case is an example of impulsively gambling at first, but as time goes on, he continues to play to regain what he has lost and to escape from emotional problems, which eventually develops into depression. With the GDs and comorbid psychiatric disorders, the choice of treatment differs by needs concerning biological treatments and psychotherapy approaches for each case (Ledgerwood & Petry, 2006). Gambling disorder is a behavioral addiction accompanied by distorted cognitions regarding processes, such as chance, probability, and skill (Fortune & Goodie, 2012). The basic principle of cognitive behavioral therapy is to detect cognitive distortions responsible for the continuation of gambling behavior and orient the patients to think in alternative ways (Toneatto & Gunaratne, 2009). Antidepressant treatment and REBT for emotional and behavioral problems were planned.

In the therapy process, “general” REBT principles for inferences that play a role in the continuation of gambling behavior and “elegant” REBT principles for evaluative beliefs were applied to cope with emotional problems. Rational emotive behavioral therapy is very effective in reducing gambling behavior and depression, improving his family and work life in this case. Rational emotive behavioral therapy with rational beliefs, healthy emotions, and adaptive behaviors lead to coping with alcohol, drugs, gambling, eating, shopping, and other addictive experiences (Bishop, 2000). Subtyping studies for GDs continue to establish homogeneous groups and develop standard treatment algorithms (Ledgerwood & Petry, 2006). Changes in the trigger environment and the implementation of REBT with individualizing therapy programs can help reduce the risk of lowering functionality related to gambling disorders. However, there is still an ongoing debate on this issue and further studies are needed.

**Informed Consent:** Written informed consent of the patient was obtained for publishing a scientific article.

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