Integrative Couple Treatment for Addiction

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AFINet
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Research History on Couple treatment of Gambling Disorder : A cognitive behavioral treatment

- My interest in couple/family treatment
- No need of more studies to illustrate the large negative consequences of gambling/addiction on partners
- Despite the many consequences of addiction on quality of couple relationship, most therapies for problem addiction favor an individual approach.
- Two exploratory studies (unpublished)
- 1ST: 2005, Qualitative study about the experience of 6 partners of PG (5 females), receiving 6 hours of treatment:
    - 2 hours individual therapy
    - 2 hours of group treatment
    - 2 hours of couple therapy
  - Conclusions:
    - They appreciated the three modalities
    - Group therapy illustrated the angriness of partners
    - Couple therapy was preferred
    - Gamblers were terrified by couple therapy before the 1st session but they asked for more after the two sessions

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Research History on Couple treatment of Gambling Disorder : A cognitive behavioral treatment

- 2nd: Pilot study, 5 therapists, 11 couples, developing the couple intervention
  - Some innovative research pointed to the potential of Couple treatment for gambling problems (Lee, 2002; Lee, 2009, 2014, 2015; Lee & Aosoga, 2015)
  - Inspired by the McCrady & Epstein Alcohol Behavioral Couple Therapy (ABCT), our team developed the Integrative Couple Treatment for Pathological Gambling (ICT-PG) (Tremblay et al. 2015)

Integrative Couple Treatment for Pathological Gambling / ICT-PG : Description of the Therapeutic Process

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with the support of his partner. The treatment aims to eliminate those behaviours in the couple that might facilitate gambling and to reinforce behaviours that support the cessation of gambling. Another goal of the ICT-PG is for the couple to learn better skills for communication, conflict resolution, and mutual reinforcement, always with the objective of facilitating the reduction and cessation of gambling habits. This paper is a description of the therapeutic process of the ICT-PG.

Le jeu compulsif peut avoir de profondes conséquences sur la vie d'une personne, des conséquences qui vont de l'ordre financier, psychologique à relationnel et qui affectent, en particulier les relations de couple. Malgré que

Research History on Couple treatment of Gambling Disorder : A cognitive behavioral treatment

- 3rd: Randomized Control Trial among gamblers and partners (10 and 22 months follow ups)
  - n=80 couples in two arms: individual (TAU) and couple treatment
  - Qualitative study published
  - Publishing our 10 months results (Jl of Consulting and Clinical Psychology, submitted)
  - Preparing manuscript for 22 months results

The Experience of Couples in the Process of Treatment of Pathological Gambling: Couple vs. Individual Therapy

Joël Tremblay[1]*, Magali Dufour[2], Karine Bertrand[2], Nadine Blanchette-Martin[3], Francine Ferland[3], Annie-Claude Savard[4], Marianne Saint-Jacques[2] and Mélissa Côté[1]

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Context: Couple treatment for pathological gambling is an innovative strategy. There are

Research History on Couple treatment of Gambling Disorder : A cognitive behavioral treatment

- 4th: Coping strategies study
  - Qualitative with gamblers and partners

JGI Scholar's Award, Category A

A new look at the coping strategies used by the partners of pathological gamblers

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Abstract

People living with pathological gamblers (PGs) have to endure the negative consequences of their problem gambling. It is known that the partners of PGs will develop adaptation strategies to cope with gambling behaviour. However, research conducted on the topic is still in its early stages. The goal of this study was to draw up a portrait of the strategies employed, their context, means, and main goals, and to examine the variation of these strategies over time and the viewpoints of the 2 mem-

How Can Partners Influence the Gambling Habits of Their Gambler Spouse?

Mélissa Côté[1] [iD] · **Joël Tremblay[1]** · **Susana Jiménez-Murcia[2]** ·
Fernando Fernàndez-Aranda[2] · **Natacha Brunelle[1]**

Abstract

An increasing number of clinical and empirical studies document the coping strategies used by partners of pathological gamblers (PGs). A postulate for this is that they may be useful for dealing with their partner's problematic gambling behaviors. Despite a widespread endorsement of this postulate, no study has yet documented their effectiveness: does the use of these coping strategies impact the gambler's behavior? To answer this question, semi-structured interviews were conducted with 19 participants (8 couples comprising one PG and his or her partner, one partner of a PG, and 2 PGs). Qualitative analysis of the interviews lead to a first main observation: via diverse coping strategies, partners of PGs can influence their spouse's gambling behaviors. The impact of these strategies may occur as initially expected by partners, that is by a reduction of gambling behaviors. However, the use of certain strategies can also increase the PG's gambling cravings, though this is not generally their partner's intention.

9

Research History on Couple treatment of Gambling Disorder : Forgiveness processes

- 5th: Forgiveness process among couples: Scoping Review

Routledge
Taylor & Francis Group

What Is Known about the Forgiveness Process and Couple Therapy in Adults Having Experienced Serious Relational Transgression? A Scoping Review

M. Côté[a,b,c,d], J. Tremblay[a,b,c,e], and M. Dufour[c,d,f]

[a]Psychoéducation, Université du Québec à Trois-Rivières, Trois-Rivieres, Canada; [b]Centre de recherche du CISSS-CA (Chaudière-Appalaches, Canada); [c]Institut universitaire en dépendance (IUD), Montreal, Canada; [d]Chaire de recherche sur l'étude du jeu, Montreal, Canada; [e]Recherche et interventions sur les substances psychoactives – Québec (RISQ), Québec, Canada; [f]Psychologie, Université de Montréal, Montreal, Canada

ABSTRACT

Forgiveness as a psychological process is a promising approach to integrate into couple counseling to help couples recover from serious relational transgressions (RT). And yet, there is still no consensus in the literature to better understand the processes couples must get through during couple therapy to mutually forgive each other. The aim of this paper is to conduct a literature review on forgiveness and couple interventions. To achieve this, a keyword search in six databases resulted in the retrieval of 35 references. Study selection

Research History of ICT-Gambling Disorder
Forgiveness processes

- 6th: Multiple cases analysis of couple therapy / gambling : forgiveness processes
  - n=3 couples / 1 partner is a gambler
  - 7 couples sessions
  - Submitted for publication

Research History: Expansion to substances Inclusion of an Attachment dimension

- 7th: A new randomized control trial for gambling/substance addiction
  - Grant – 5 years (2021-2026)
  - May 2022 : Clinicians workshops
  - Recruitment October 2022
  - Objectives n = 120 couples
  - Two arms: Individual treatment (Control-TAU) vs ICT-Addiction (Experimental)
  - Follow-ups: admission, 6, 12 and 18 months
  - Pilot sites Spring 2023: Cultural adaptations?
    - Sweden
    - Switzerland
    - Spain
    - ?Finland
    - Other countries?

Integrative Couple Treatment for Addiction / ICT-A

Global treatment objectives

- Reduce or stop addiction-related behaviors;
- Reduce psychological distress and improve the well-being of both partners;
- Increase relationship satisfaction and mutual support between partners

Specific couple intervention objectives improved with Emotionally Focused Couple Therapy

- Unify the couple against negative interaction cycle around addiction behaviors
    - Identification of the cycle
        - Primary versus secondary emotions
    - Modification of the interaction

- "Together against addiction"

- Repair relationship transgressions or attachment injuries which happened around addiction interactions in the couple's life

Integrative Couple Treatment for Addiction / ICT-A

Each session organization

- ≈ 45-60 min. with addicted person
  - Classical behavioral – cognitive treatment of addiction
  - Partner expresses her point of view, while maintaining the focus on the addiction behaviors
  - Partner is integrated in the process
- ≈ 30-45 min. relationship aspects
  - Mutual positive reinforcement
  - Unify the couple against negative interaction cycle around addiction / together against addiction
  - Partner's behaviors that facilitate addiction and those that reinforce its cessation.

% time devoted to couple aspects of treatment
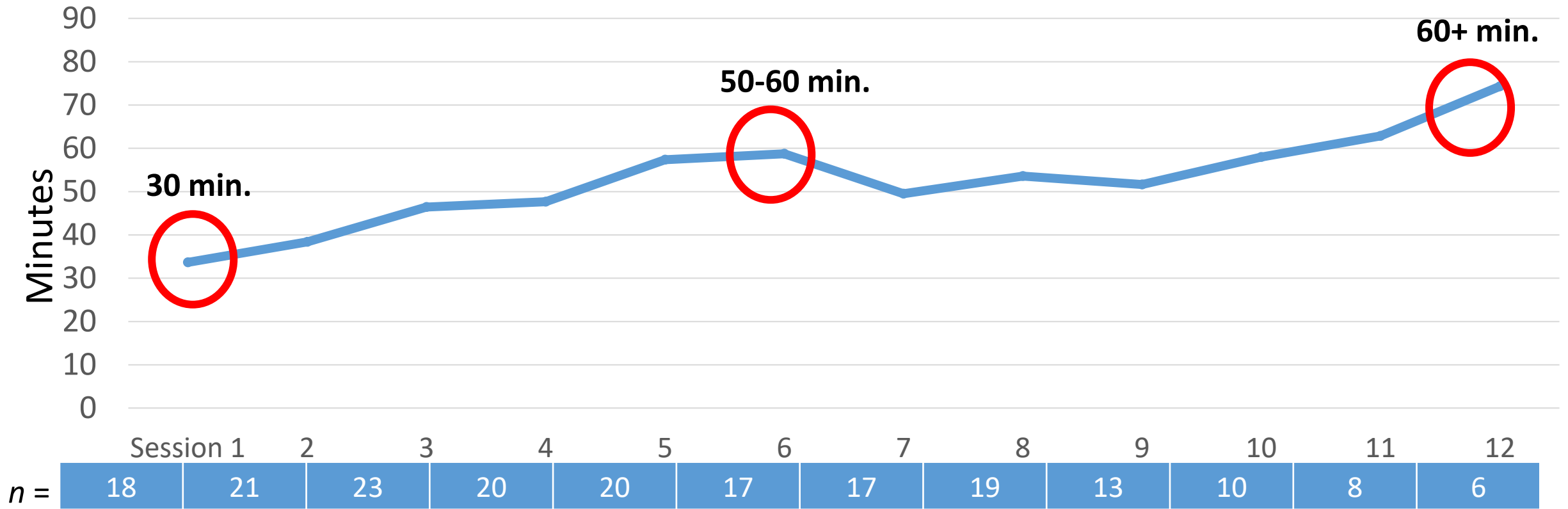
Real life

- In real life clinic, the number of couple therapy sessions as been observed up to 20 to 40.
- As needed, the therapist spend more time on any given aspect.

Sessions	Person with addiction	Partner	Couple
1 & 2	• Client's expectations • Treatment objectives • Treatment rules/expectations transmitted to participants		
	• Recent addiction behaviors • Emergency situation • Feedback (admission assessment) • Functional analysis • History of addiction • History of attachment	• Feedback (admission assessment) • History of attachment	• Mutual positive reinforcements • Negative interaction cycle around addiction: Identification
3 - 12	• Each Session Outcome Monitoring		
	• Clinical work related to addiction	• Integrate the partner into the "individual" work on addiction • Reduce/Stop reinforcements of addiction • Increase reinforcements of sobriety	• Mutual positive reinforcements • Negative interaction cycle around addiction: Identification and modification • Work on attachment injuries in the couple's addiction interactions history
13-15	• Clinical work related to addiction • Relapse prevention/at-risk situations		• Together against addiction • Long terms goals negotiation (Abstinence/Moderate use)

Treatment « rules » or guidelines

- No violence
  - But you can learn how to express differently your insatisfactions
- No separation menace
  - Verify a minimum engagement toward the relationship (= « This therapy is my last chance »)
- Presence to sessions
- Practices between sessions

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Working with the person presenting addiction:
In presence of the partner

- Treatment of any gambling / substance use emergency
- Functional analysis
  - Triggers identification
  - Classical conditioning / Operant reinforcers
  - Stress / Coping (Bandura)
- Install self-observation on the model of Functional analysis
- Craving
- Alternate abilities to develop
  - Refusing
  - Self-assertion
  - Emotions regulation
  - Social abilities
- Increase self-efficacy
- Erroneous cognition (gambling)

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Mutual reinforcement

- **When the bank account is in the red, any withdrawal is painful**

  John Wright

- Attributions processes
  - If the affection reserve is full, positive attributions even of negative events
  - If the affection reserve is empty, negative attributions even of positive events

- Practice of mutual reinforcements
  - Increase positive behaviors toward the partner (Jacobson et Margolin, 1979)
  - Distressed couples eliminate these positive behaviors

- Examples
  - List of things I can do for you (Dimidjiam et al., 2008)
  - The « Love day » (Weiss, Hops, et Patterson, 1973)
  - The day when I take care of you (Stuart, 1980)

Liste de comportements / gestes pouvant faire plaisir à mon/ma partenaire

Geste ou comportement que je peux faire (simple, peut être répété souvent, ne coûte rien ou très peu)	Son degré de plaisir…	
	Selon moi 0 = pas de plaisir 10 = très grand plaisir	**Selon elle/lui** 0 = pas de plaisir 10 = très grand plaisir
1.	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
2.	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
3.	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
4.	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
5.	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
6.	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
7.	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
8.	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
9.	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
10.	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10

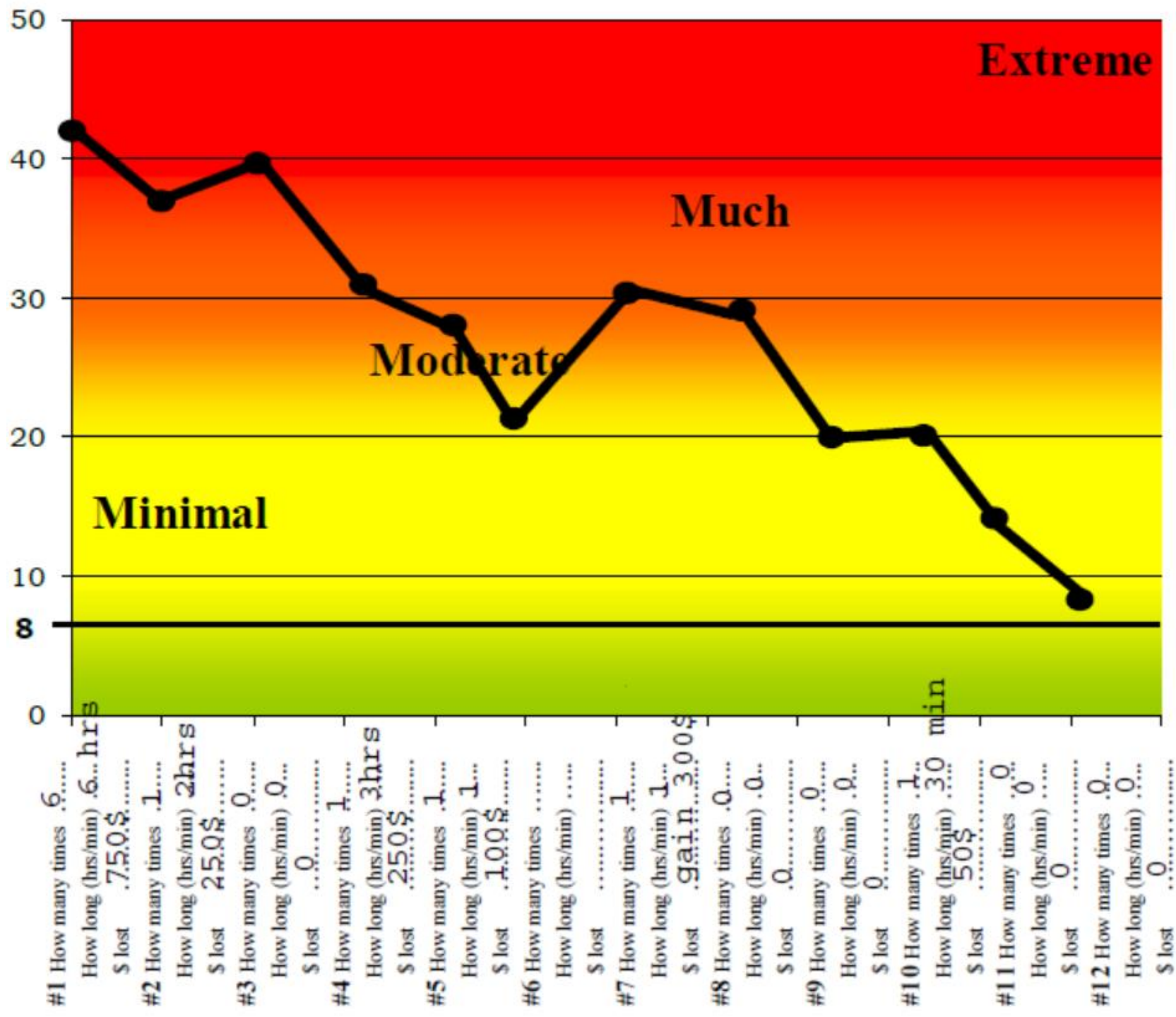| Sessions	Person with addiction	Partner	Couple
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Brief assessment each session

- Couple members answer questionnaires at the beginning of the session or in the waiting room (4 min.).(last 7 days)
  - Addiction behaviors : Craving intensity, number of time, time spent, money lost
  - Psychological distress
  - Relationship satisfaction
  - Trust, anger
- Psychotherapist corrects and transposes scores on graphics
- Discussion with the couple about the results.

Goals

- Motivation: Graphic representation of progresses
- Identify non-progressing individuals / couples
- Identify therapeutic alliance difficulties (relationship, goal, task; Bordin)

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Emotionally Focused Therapy

Dr. Sue Johnson
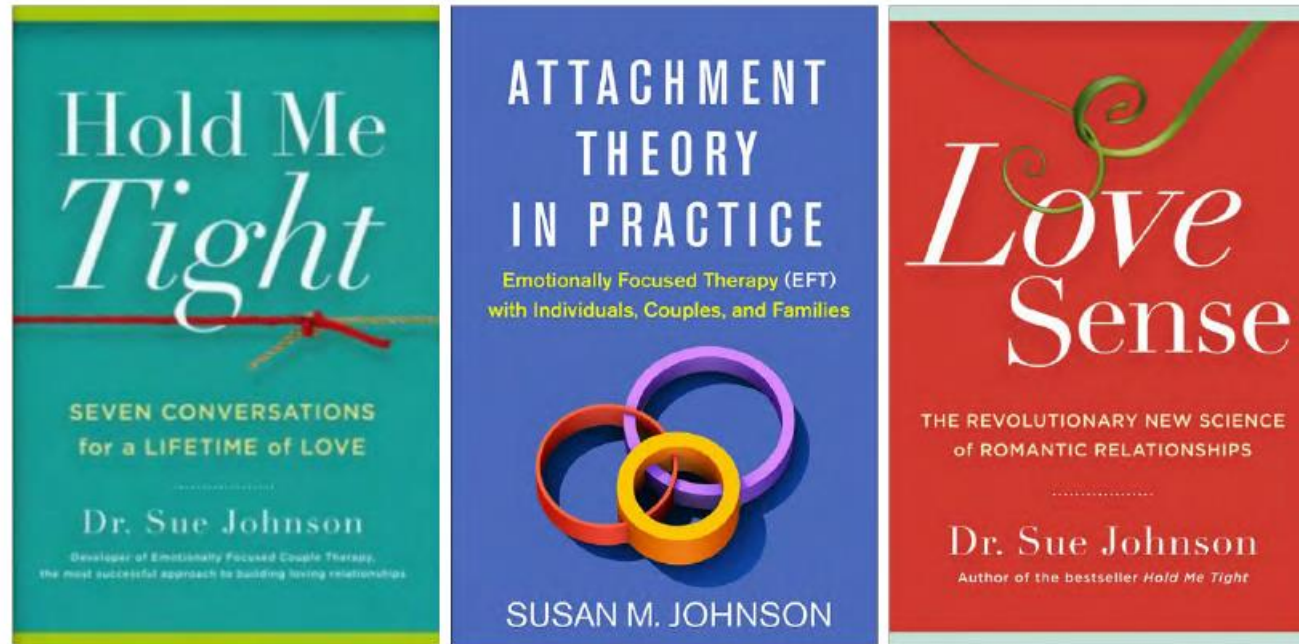
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Attachment

- The fundamental need in human beings
- Linked to our survival history : the loners didn't survive
- Loosing attachment bonds: the most dangerous threat
- The strongest emotions emerge when attachment bonds are attacked (or with the interpretation of an attack)

The negative interaction cycle about addiction

- Postulate: during conflicts, couple members don't talk about their attachment fears (primary emotions) but about many secondary emotions that are strategies to protect themselves from the threat of an attachment wound
  - They withdraw
  - Or they attack, pursue
- The secondary behavior is rarely interpreted by the other as a reaction to and attachment fear
  - "I withdraw, drink, isolate myself, because I'm afraid to lose you" is rather interpreted as "You run away, drink, go to the bar, because I'm not important for you"
  - "I'm angry at you because you are so important that I'm angry to do not have a contact with you" is interpreted as "You try to control me" or "I will never be good enough for you"
- We then help the couple to identify this cycle, express it with emotion, and develop an alliance together against their negative interaction cycle about addiction.

Negative interaction cycle around addiction

The cycle

- Pursuit – Withdrawal patterns around addiction
- Each one express / act secondary emotions

Goals

- Reinstall a secure bond between partners about addiction
- Where each one can express vulnerabilities (all around attachment)

Together against our negative interaction cycle around addiction

Cycle

Partner - Addiction

- Abuse gambling/substances
- Withdrawal : Lies, dissimulates his behaviors, isolates,
- Secondary emotions
  - feel controlled
  - Angry, rebellious
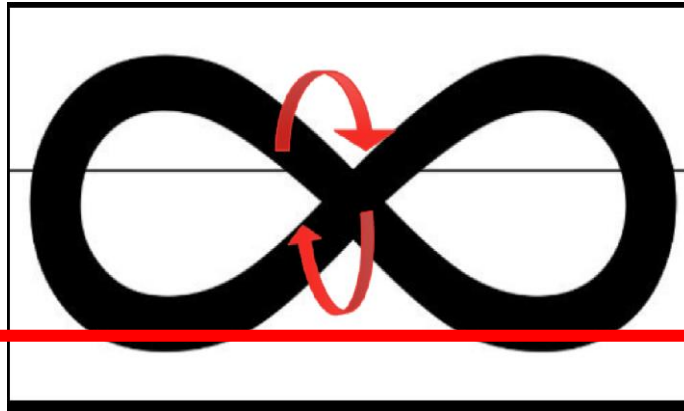
Partner

- Pursuit: denigrates, reproaches, surveillance, controls, separation threats
- Secondary emotions
  - Angry
  - Suspicious
  - Empty

Partner - Addiction

- Primary emotions
  - She will abandon me
  - I'm not good for her
  - I'm bad, not loveable

**Identify their cycle
Modify it to rather express
primary emotions**

Partner

- Primary emotions
  - Alone
  - Not important
  - Not loved
  - Betrayed

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Resolution of Attachment Injuries

- Articulate injury and impact, "*NEVER AGAIN!*"

- The other acknowledges hurt partner's pain and elaborates on the evolution of the event.

- The hurt partner integrates narrative and emotion. He / She accesses attachment fears and longings.

- The other owns responsibility — expresses regret — while staying attuned / engaged. ("*I feel your hurt — your pain impacts me.*")

- The hurt partner asks for comfort / reassurance.

- The other responds — antidote is bonding event.

- Relationship is redefined as potential safe haven.

- New narrative is constructed.

Forgiveness and Reconciliation

Resolver Couples (63%) showed:

- More disclosing re: needs, affirming, less blaming and withdrawing, and significantly deeper levels of experiencing. (Parallels softening research).

- Significant improvement on DAS (Both partners in non-distressed range). Significant improvement for Forgiveness (t=9.92. p=.000).

- Both groups reported less Pain (no significant differences).

- Results stable at 3 years follow up.

Non Resolvers showed:

- No significant changes on DAS, forgiveness.

- Lower trust at outset.

- Compound injuries. (Power of Faith — Johnson & Talitman, 1997)

Forgiveness and Reconciliation (continued)

Conclusions:

- The general EFT model for resolving these impasses is valid.

- EFT can impact distress for these couples caught in forgiveness dilemmas.

- Change is stable.

- Compound injuries in less trusting couples — need more sessions.

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Proportion of partners who used each strategy: Reinforcement of gambling behaviours

	% Often / Every day							
	Individual Therapy				Couple Therapy			
	T1	T2	T3	T4	T1	T2	T3	T4
Paying acounts	39	23	8	21	47	20	6	10
Do not talk about gambling problems at friends	33	23	12	21	41	22	14	10
Hide gambling habits to family	31	20	15	7	48	33	17	14
Listen and reassure gambler after a big lost	22	7	4	0	26	2	0	0
Reimburse debts of gamblers	17	7	0	7	9	2	8	0
Provide money to the gambler for gambling habits	6	7	0	0	7	2	0	0

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METHOD

Assessed for eligibility (*n* = 98 couples)

Excluded (*n* = 18 couples)

- 4 couples – Low commitment towards relathionship
- 3 couples – Severe violence – 12 last months
- 3 couples – Problematic substance use – gambler
- 2 couples – Gambling habits at low risk – gambler
- 2 couples – Mental health problems (serious and unstable) – partner
- 1 couple – Problematic alcohol use – gambler
- 1 couple – Problematic gambling habits – partner (DSM-V diagnosis of GUD)
- 1 couple – Cohabitation < 1 year
- 1 couple – Refused orientation

Participants randomized (*n* = 80 couples)

Individual treatment (*n* = 36)

Potential follow-ups: 72 individuals
3 months post-admission, *n* = 60 (83.3%)
9 months post-admission, *n* = 53 (73.6%)
18 months post-admission, *n* = 42 (58.3%)

Total follow-ups
155/216 (71.7%)

ICT-PG (*n* = 44)

Potential follow-ups: 88 individuals
3 months post-admission, *n* = 82 (93.2%)
9 months post-admission , *n* = 76 (86.4%)
18 months post-admission , *n* = 70 (79.5%)

Total follow-ups
228/264 (86.3%)

	Individual treatment		ICT-PG	
	Gamblers % (n)	Partners % (n)	Gamblers (n)	Partners (n)
Age	M = 40.8 (SD = 12.3)	M = 39.6 (SD = 13.8)	M = 42.2 (SD = 13.5)	M = 42.2 (SD = 13.4)
20-29	22.2 (8)	36.1 (13)	22.7 (10)	20.5 (9)
30-39	27.8 (10)	13.9 (5)	22.7 (10)	22.7 (10)
40-49	25.2 (9)	25.2 (9)	27.2 (12)	29.5 (13)
50-59	16.6 (6)	16.6 (6)	15.9 (7)	18.2 (8)
60 +	8.3 (3)	8.3 (3)	11.4 (5)	9.1 (4)
Individual Annual Income				
Under of $25 000	27.8 (10)	36.1 (13)	14 (31.8)	34.1 (15)
$25 001 – $60 000	47.3 (17)	47.2 (17)	19 (43.2)	45.5 (20)
$60 001 - $100 000	22.2 (8)	11.1 (4)	9 (20.5)	15.9 (7)
$100 000 and over	-	-	1 (2.3)	4.5 (2)
Missing	2.8 (1)	5.6 (2)	1 (2.3)	-
Couple Annual Income as reported by the gambler				
Under of $25 000	13.9 (5)		6.8 (3)	
$25 001 – $60 000	33.3 (12)		36.4 (16)	
$60 001 - $100 000	36.1 (13)		29.5 (13)	
$100 000 and over	13.9 (5)		25.0 (11)	
Missing	2.8 (1))		2.3 (1)	

Chi square test & T-test = n.s.

Types of services gamblers received (Period covered: Admission to 18 months)

Type of service	Individual (*n* = 36) *M* (SD) *n* with 0 sessions (%)	ICT-PG (*n* = 44) *M* (SD) *n* with 0 sessions (%)	Total (*n* = 80) *M* (SD) *Min – Max*
Individual	8.14 (6.6) 1 (2.8%)	0.93 (2.1) 32 (72.7%)	4.18 (5.9) 1 – 24
Couple	1.14 (2.9) 25 (69.4%)	10.02 (6.1) 2 (4.5%)	6.03 (6.6) 0 – 37
Group	0.94 (2.9) 32 (88.9%)	0.00 (0.00) 44 (100%)	0.43 (2.0) 3 – 13
Total (ind. + couple + gr.)	10.22 (8.4) 0	10,91 (6.8) 1 (2.3%)	10.60 (7.5) 1 - 37
Phone Intervention	1.42 (2.5) 21 (58.3%)	0,70 (1.4) 30 (68.2%)	1.03 (2.0) 1 - 12
No Show at a session	1.64 (2.8) 19 (52.8%)	1.61 (2.5) 27 (61.4%)	1.63 (2.6) 1 – 11

30% received a few couple sessions

27% received a few ind. sessions

P<0,0001****; P<0,001***; P<0,01**; P<0,05*; P<0,10£

Conformity of Couple Treatment

- 39 therapists (psychologists, social workers, psychoeducaters, counsellors)
- 2.5 days of training
- 310 hours of clinical supervision revising videos
  - Once a month
  - 3 hours
  - 6 groups
  - During two phases of 18 months
- Supervisors
  - 4 researchers who are also clinical psychologists

Aspects of Couple Treatment Addressed by Therapists

		Number of sessions where this topic was addressed M (SD)	Number of therapists who addressed this topic (n = 37)
1	Mutual Reinforcement	4,26 (2,26)	89,2% (33)
2	Communication Training	6,09 (3,35)	89,2% (33)
3	Problem Solving Training	2,82 (2,91)	75,7% (28)
4	Partner Strategies Enabling Gambling	2,26 (1,81)	73,0% (27)
5	Partner's Strategies Favouring Sobriety	0,88 (1,15)	46,0% (17)

Résultats d'efficacité de la TCI-JP

RESULTS

Number of persons at each follow-up

Gamblers	Individual n	ICT-PG n
T1 **Admission**	36	44
T2 **3 months**	30	41
T3 **10 months**	26	38
T4 **22 months**	22	35

Partners	Individual n	ICT-PG n
T1 **Admission**	36	44
T2 **3 months**	30	41
T3 **10 months**	27	38
T4 **22 months**	20	35

Gambling habits

Gambling Symptom Assessment Scale (G-SAS)

	Individual M (SD)	ICT-PG M (SD)	Sig.
T1	16,66 (1,20)[abc]	18,52 (1,08)[abc]	n.s.
T2	12,39 (1,31)[a]	6,85 (1,14)[a]	**
T3	11,08 (1,44)[b]	4,30 (1,17)[b]	***
T4	10,80 (1,53)[c]	4,01 (1,21)[c]	***
Tot	13,17	8,77	****

P<0,0001****; P<0,001***; P<0,01**; P<0,05*

(Kim, Grant, Potenza, Blanco, & Hollander, 2009)
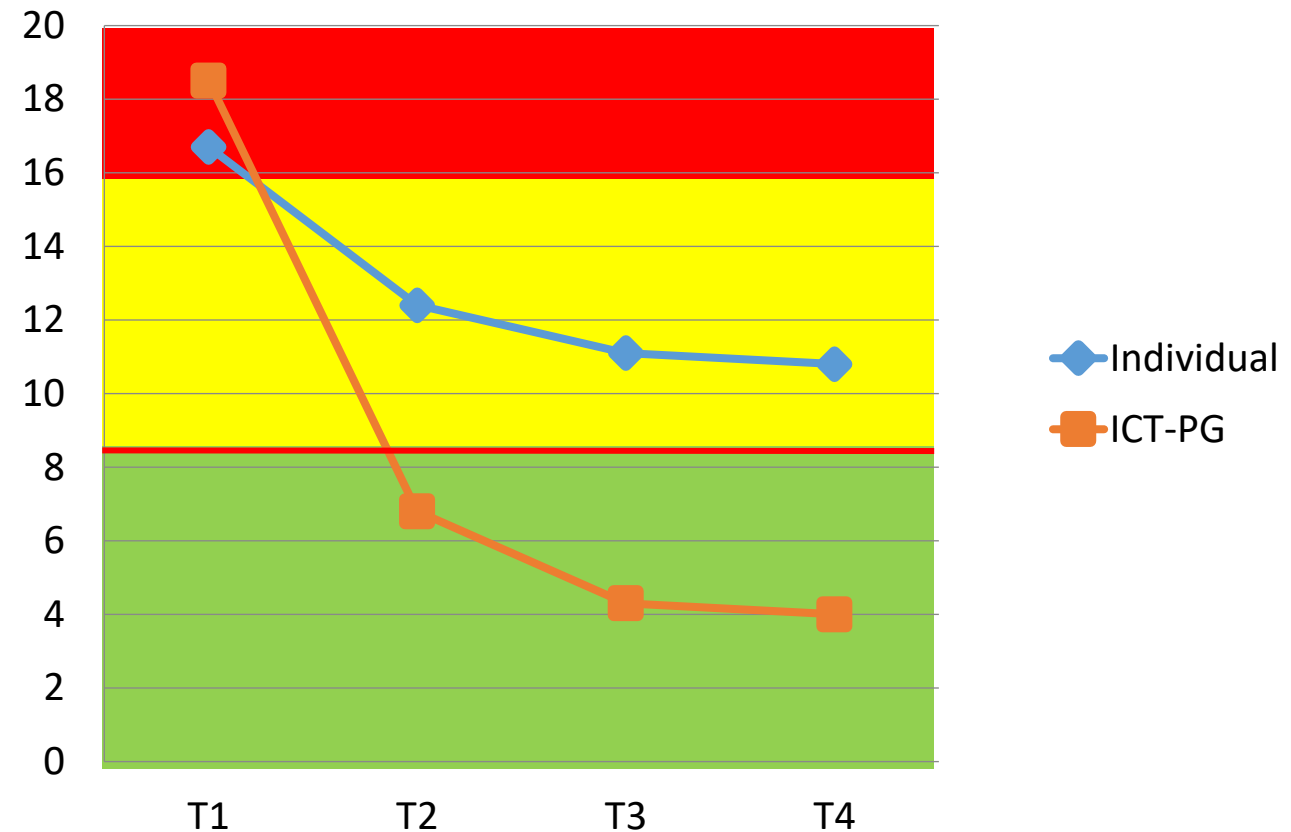
Impaired control over gambling (ICOG)

	Individual M (SD)	ICT-PG M (SD)	Sig.
T1	37,92 (1,44)[abc]	35,95 (1,29)[abc]	n.s.
T2	22,31 (1,58)[a]	17,89 (1,34)[a]	*
T3	20,59 (1,69)[b]	16,11 (1,41)[b]	*
T4	18,26 (1,86)[c]	15,69 (1,45)[c]	n.s.
Tot	25,89	21,85	**

P<0,0001****; P<0,001***; P<0,01**; P<0,05*

(Baron & Dickerson, 1994)
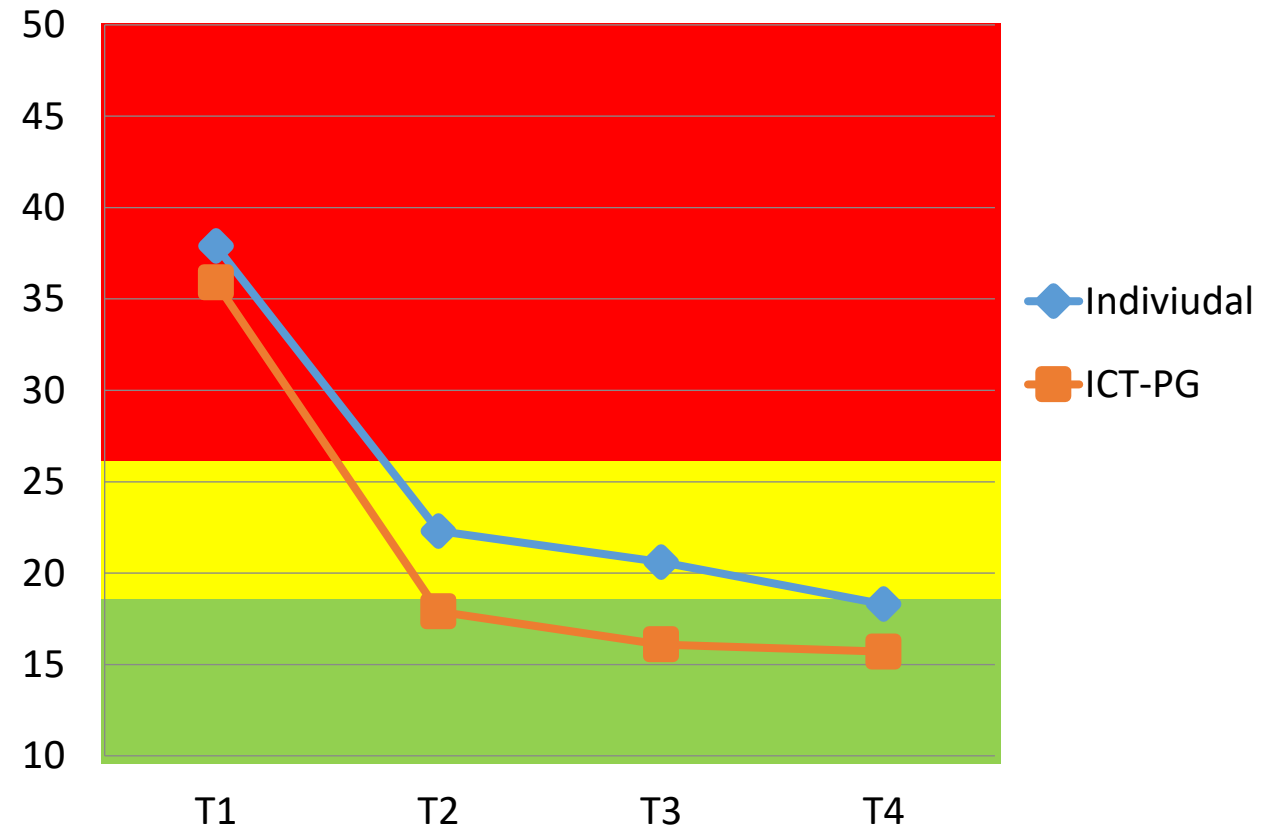
Canadian Problem Gambling Index (CPGI)

	Individual M (SD)	ICT-PG M (SD)	Sig.
T1	15,68 (0,82)[abc]	14,85 (0,74)[abc]	n.s.
T2	6,97 (0,89)[a]	5,86 (0,77)[a]	n.s.
T3	5,31 (0,97)[b]	3,98 (0,80)[b]	n.s.
T4	4,91 (1,08)[c]	4,26 (0,83)[c]	n.s.
Tot	8,91	7,43	*

P<0,0001****; P<0,001***; P<0,01**; P<0,05*

(Ferris & Wynne, 2001)
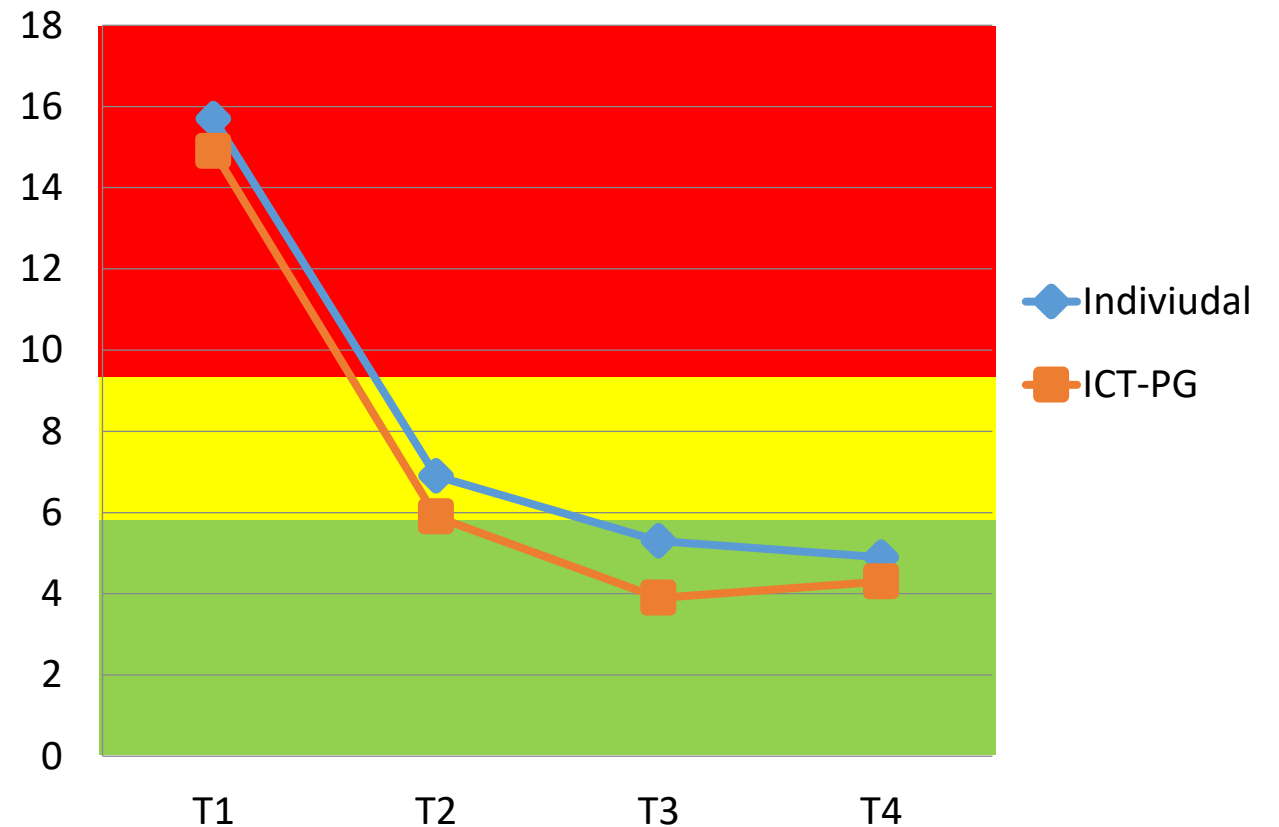
Gambling related beliefs inventory - Gamblers

	Individual M (SD)	ICT-PG M (SD)	Sig.
T1	54,23 (1,53)[abc]	52,67 (1,38)[abc]	n.s.
T2	44,78 (1,67)[a]	39,44 (1,44)[a]	*
T3	43,26 (1,79)[b]	39,11 (1,48)[b]	n.s.
T4	43,86 (1,94)[c]	39,80 (1,56)[c]	*
Tot	47,18	43,00	**

P<0,0001****; P<0,001***; P<0,01**; P<0,05*

(Ladouceur, Jacques, Giroux, & Sévigny, 2004)
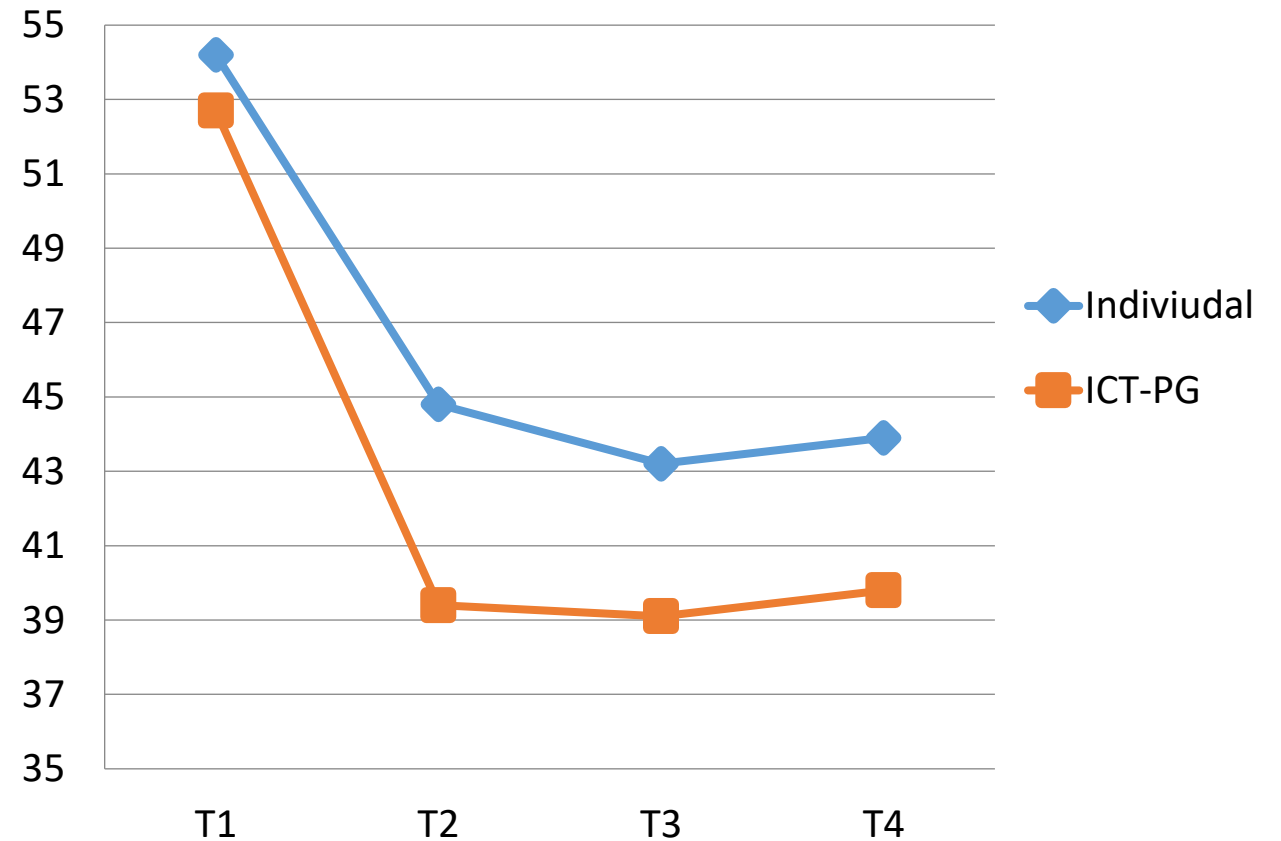
Gambling related beliefs inventory - Partners

	Individual M (SD)	ICT-PG M (SD)	Sig.
T1	41,05 (1,08)[ab]	40,74 (0,98)[abc]	n.s.
T2	43,22 (1,12)[a]	35,03 (0,99)[ade]	****
T3	42,84 (1,13)[bc]	37,12 (1,01)[bd]	***
T4	41,08 (1,19)[c]	37,38 (1,02)[ce]	*
Tot	41,98	37,78	**

P<0,0001****; P<0,001***; P<0,01**; P<0,05*

(Ladouceur, Jacques, Giroux, & Sévigny, 2004)
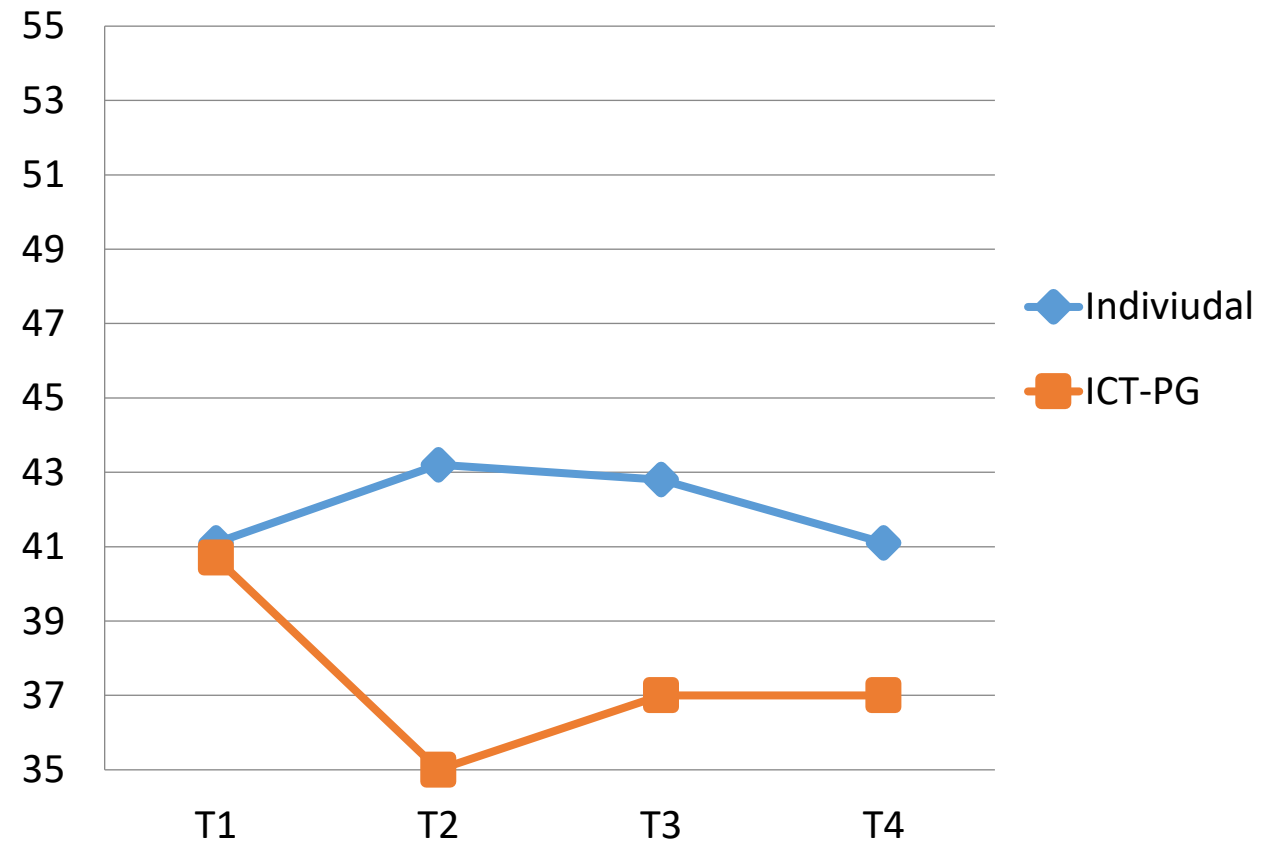
Couple

Dyadic Adjustment Scale (DAS-4) - Gamblers

	Individual M (SD)	ICT-PG M (SD)	Sig.
T1	11,20 (0,53)[ab]	11,96 (0,48)[abc]	n.s.
T2	14,29 (0,58)[ac]	15,09 (0,49)[a]	n.s.
T3	14,49 (0,61)[bd]	16,08 (0,51)[b]	*
T4	12,30 (0,70)[cd]	15,43 (0,55)[c]	***
Tot	12,96	14,52	**

P<0,0001****; P<0,001***; P<0,01**; P<0,05*

(Sabourin, Valois et Lussier, 2005)
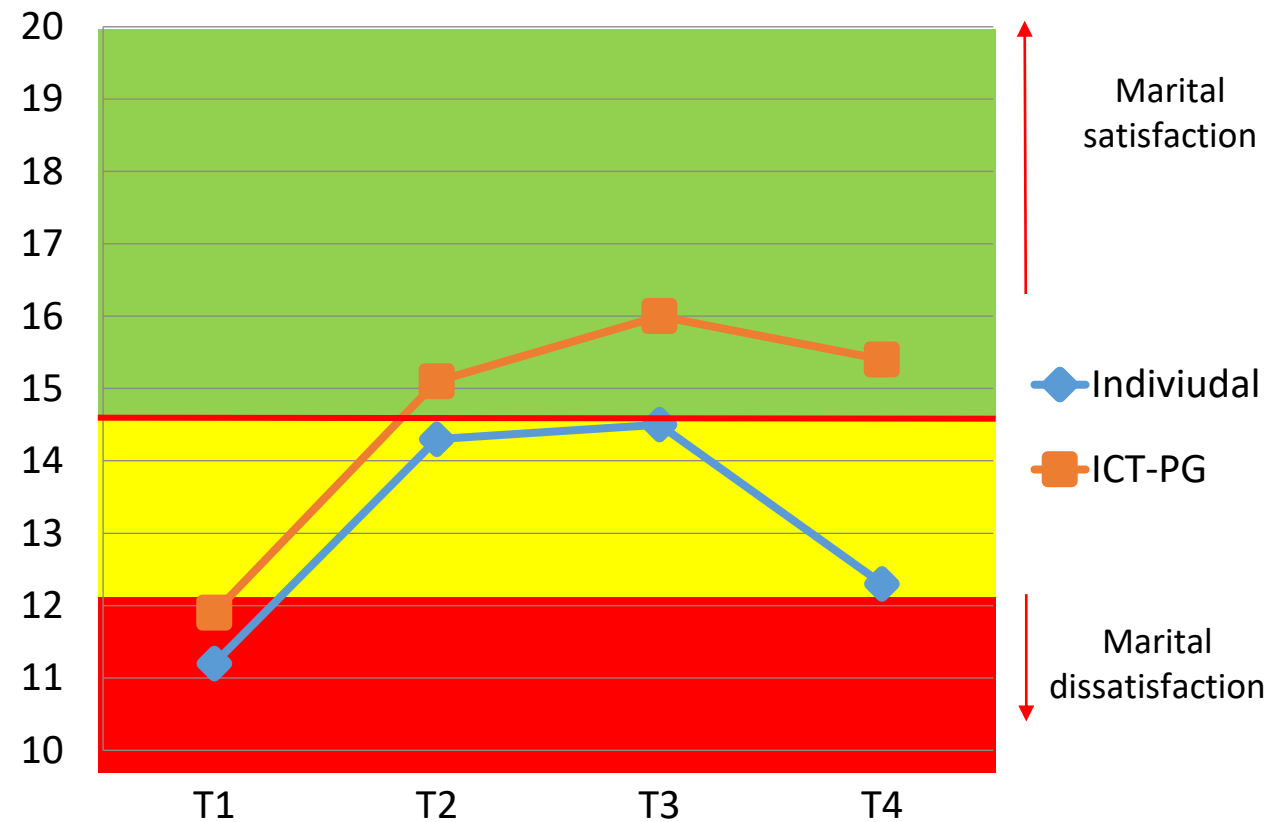
Dyadic Adjustment Scale (DAS-4) - Partners

	Individual M (SD)	ICT-PG M (SD)	Sig.
T1	11,29 (0,35)abc	11,67 (0,32)abc	n.s.
T2	13,28 (0,37)ad	15,42 (0,32)a	****
T3	14,76 (0,38)bde	15,35 (0,34)b	n.s.
T4	12,38 (0,41)ce	15,05 (0,35)c	****
Tot	12,74	14,16	**

P<0,0001****; P<0,001***; P<0,01**; P<0,05*

(Sabourin, Valois et Lussier, 2005)
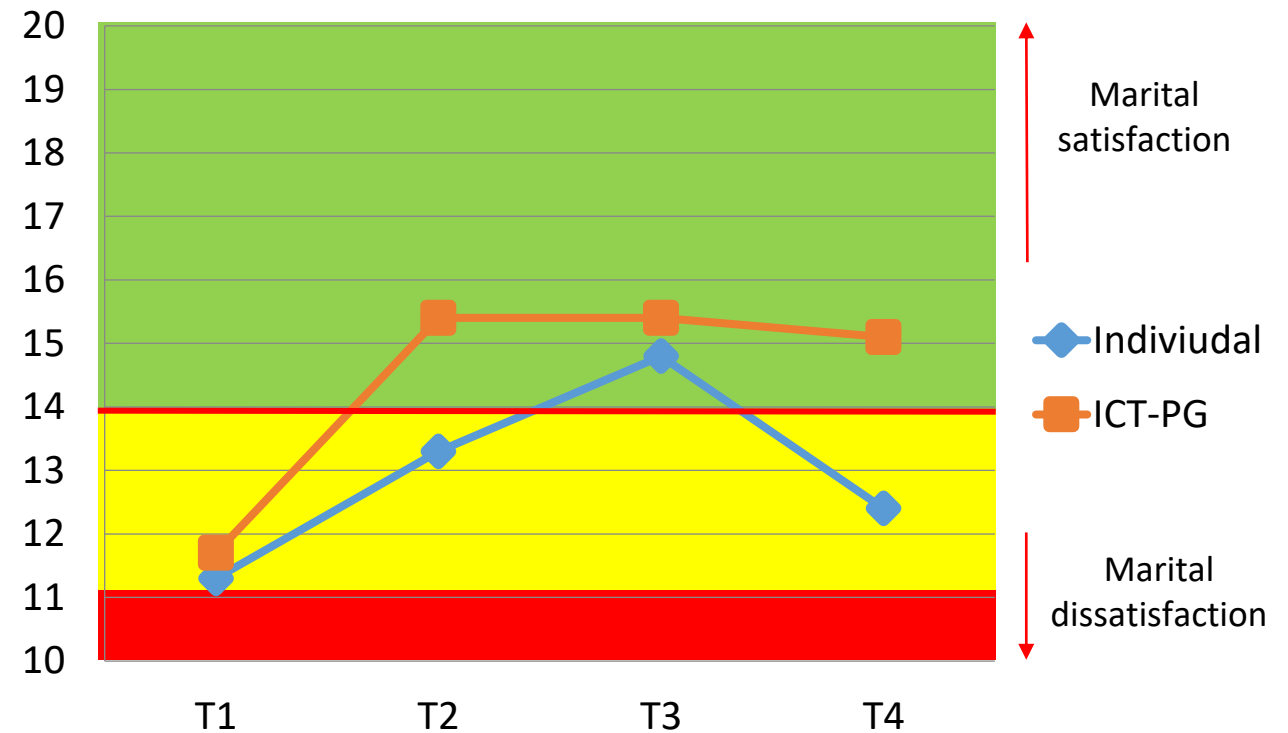
Mutual Support Questionnaire - Gamblers

	Individual M (SD)	ICT-PG M (SD)	Sig.
T1	30,68 (0,51)	31,10 (0,46)[abc]	n.s.
T2	30,77 (0,56)	32,65 (0,48)[a]	**
T3	30,64 (0,59)	33,30 (0,49)[b]	***
T4	29,66 (0,67)	33,67 (0,54)[c]	****
Tot	30,51	32,56	****

P<0,0001****; P<0,001***; P<0,01**; P<0,05*

(Brassard & Lussier, 2004)
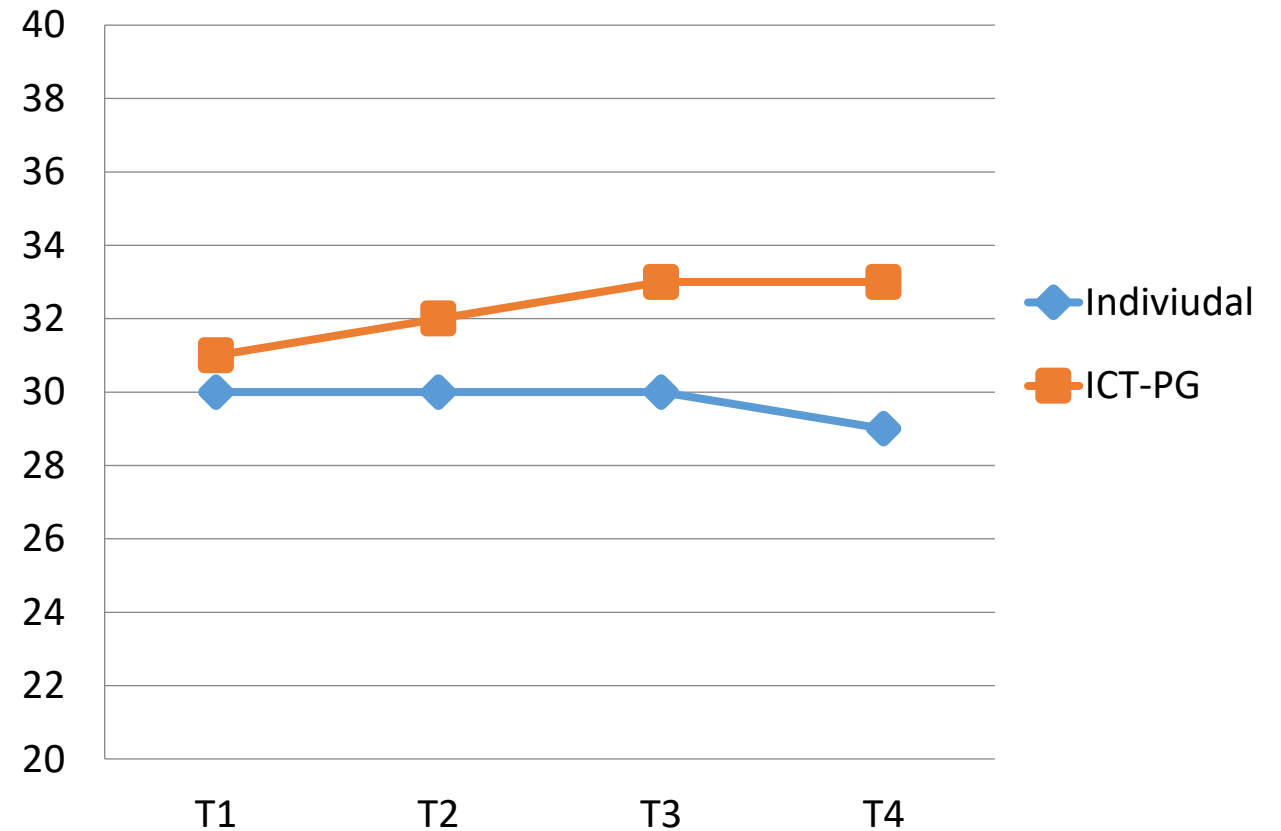
Mutual Support Questionnaire - Partners

	Individual M (SD)	ICT-PG M (SD)	Sig.
T1	29,90 (0,51)[ab]	29,93 (0,46)[abc]	n.s.
T2	29,46 (0,53)[cd]	32,05 (0,47)[ad]	***
T3	31,09 (0,54)[ac]	30,83 (0,47)[bde]	n.s.
T4	30,99 (0,58)[bd]	31,85 (0,49)[ce]	n.s.
Tot	30,21	31,05	n.s.

P<0,0001****; P<0,001***; P<0,01**; P<0,05*

(Brassard & Lussier, 2004)
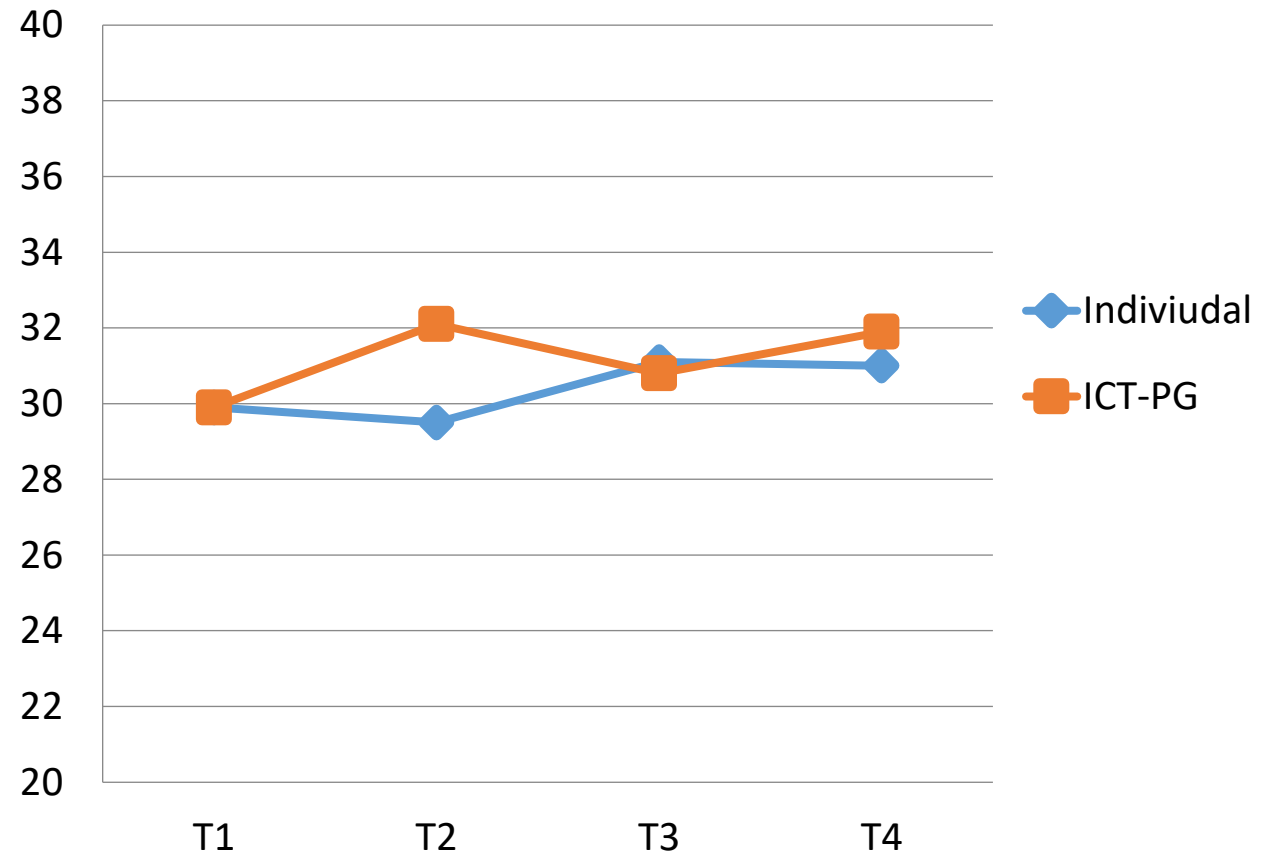
Interpersonal Communication Skills Inventory Gamblers (partner evaluation)

	Individual M (SD)	ICT-PG M (SD)	Sig.
T1	34,11 (1,19)	34,81 (1,05)[ab]	n.s.
T2	32,84 (1,29)	37,80 (1,11)[a]	**
T3	34,97 (1,38)	36,89 (1,14)	n.s.
T4	32,68 (1,63)	39,06 (1,21)[b]	**
Tot	33,74	36,94	**

P<0,0001****; P<0,001***; P<0,01**; P<0,05*

(Boyd & Roach, 1977)
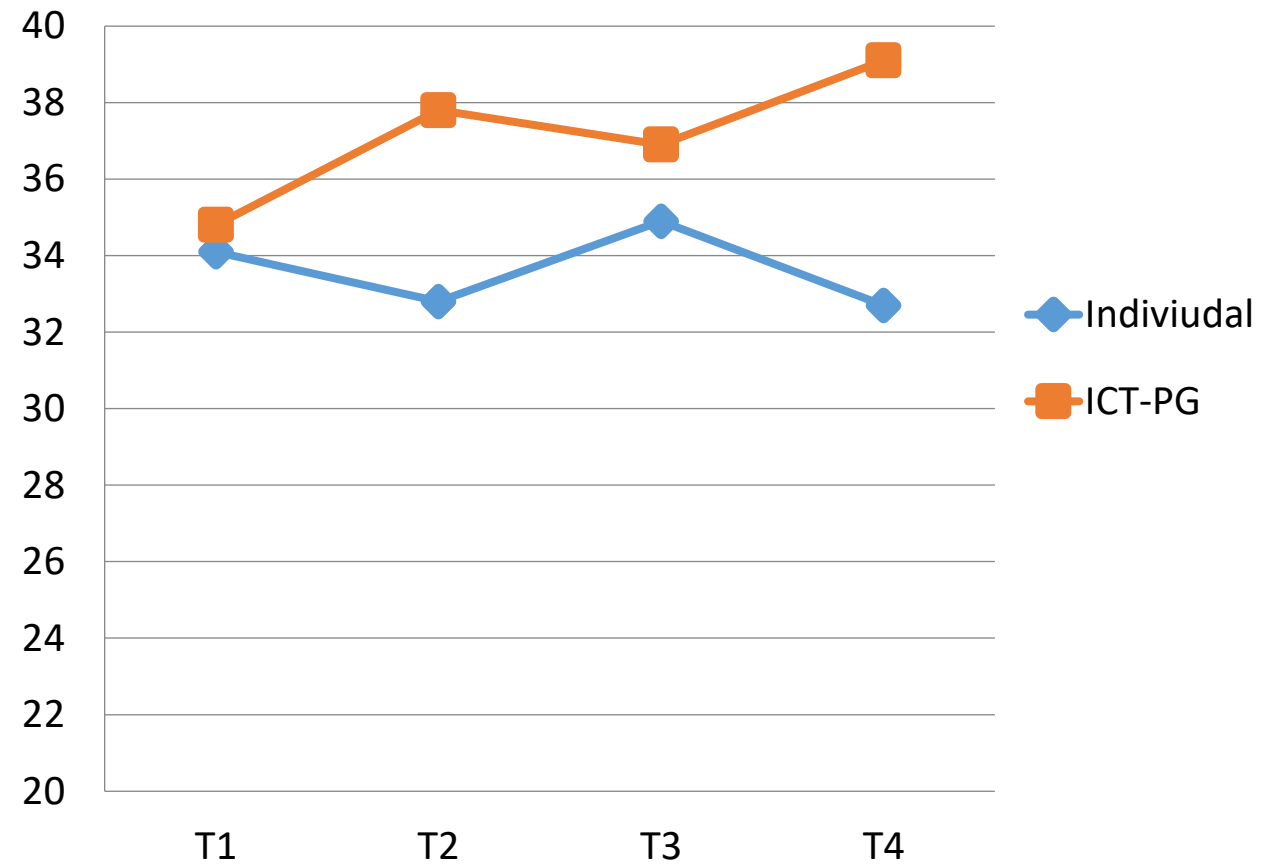
Interpersonal Communication Skills Inventory Partners (Gambler evaluation)

	Individual M (SD)	ICT-PG M (SD)	Sig.
T1	28,76 (0,80)[abc]	28,69 (0,72)[abc]	n.s.
T2	31,36 (0,82)[a]	35,22 (0,73)[a]	***
T3	32,50 (0,84)[b]	34,65 (0,75)[b]	n.s.
T4	32,43 (0,90)[c]	35,15 (0,78)[c]	*
Tot	30,84	32,93	*

P<0,0001****; P<0,001***; P<0,01**; P<0,05*

(Boyd & Roach, 1977)
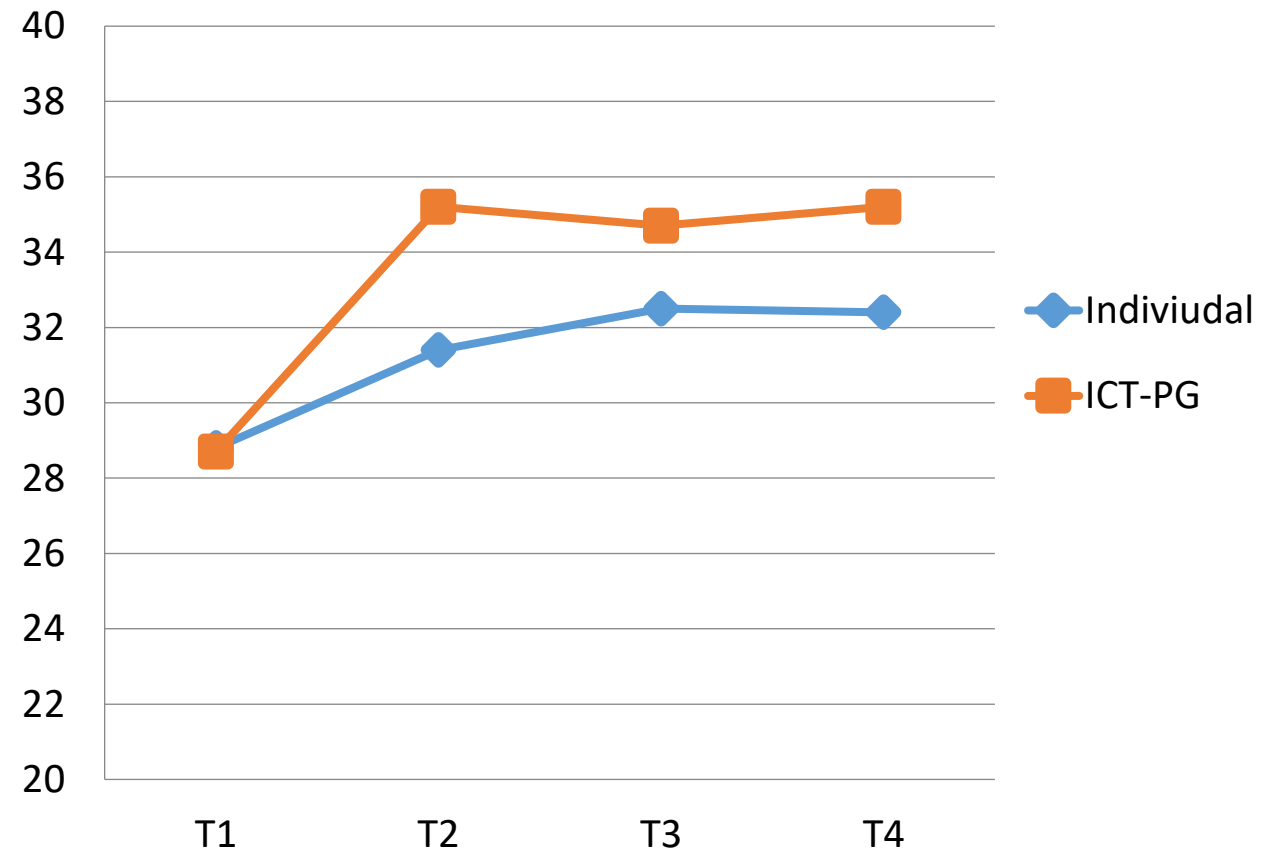
Personnal

Center for Epidemiologic Studies Depression scale (CES-D) - Gamblers

	Individual M (SD)	ICT-PG M (SD)	Sig.
T1	15,56 (1,14)[abc]	14,88 (1,03)[abc]	n.s.
T2	11,86 (1,24)[a]	9,08 (1,06)[a]	n.s.
T3	10,96 (1,33)[b]	8,29 (1,10)[b]	n.s.
T4	10,22 (1,48)[c]	9,01 (1,15)[c]	n.s.
Tot	12,56	10,51	*

P<0,0001****; P<0,001***; P<0,01**; P<0,05*

(Radloff, 1977)
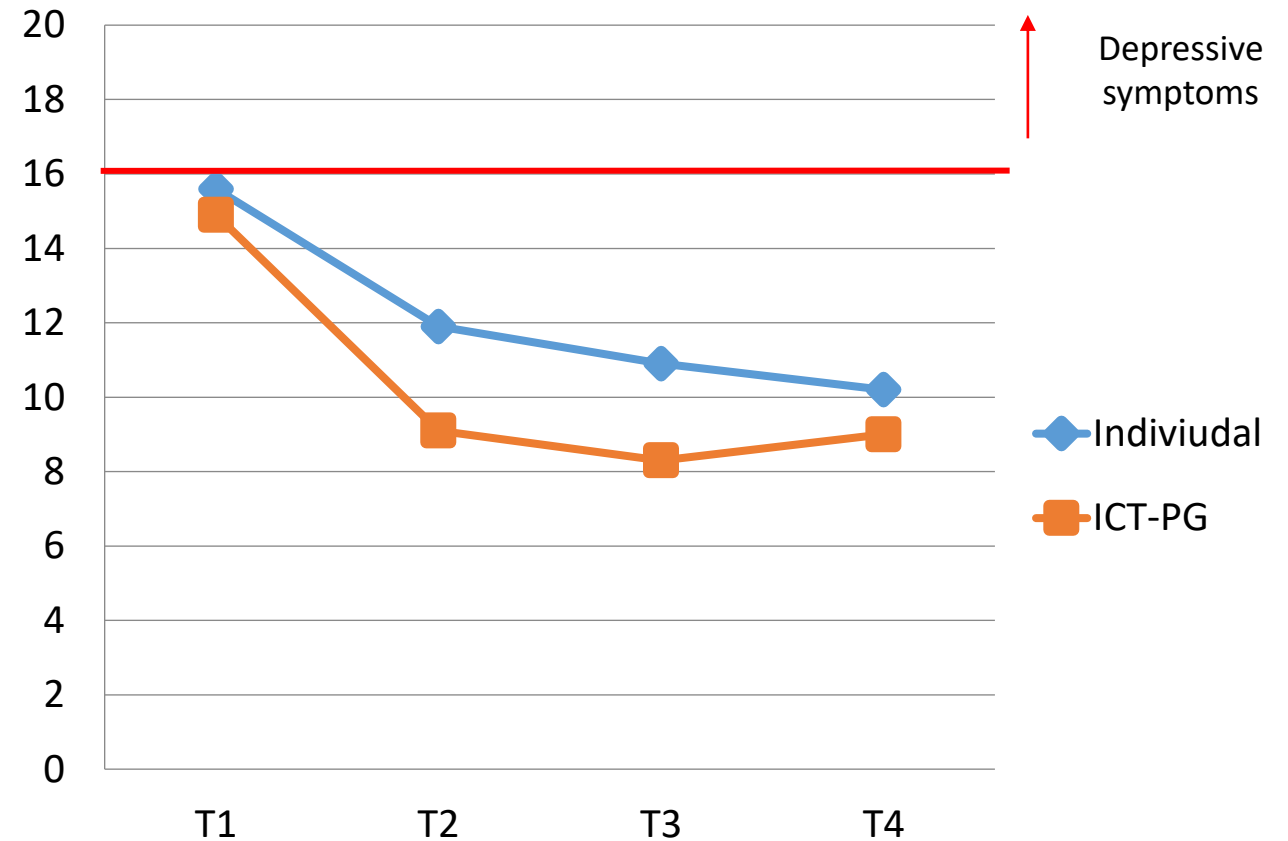
Center for Epidemiologic Studies Depression scale (CES-D) - Partners

	Individual M (SD)	ICT-PG M (SD)	Sig.
T1	15,67 (0,85)[abc]	16,71 (0,76)[abc]	n.s.
T2	11,63 (0,89)[a]	8,81 (0,78)[a]	*
T3	12,46 (0,92)[b]	8,37 (0,79)[b]	***
T4	11,81 (0,99)[c]	8,07 (0,82)[c]	**
Tot	13,32	11,02	*

P<0,0001****; P<0,001***; P<0,01**; P<0,05*

(Radloff, 1977)
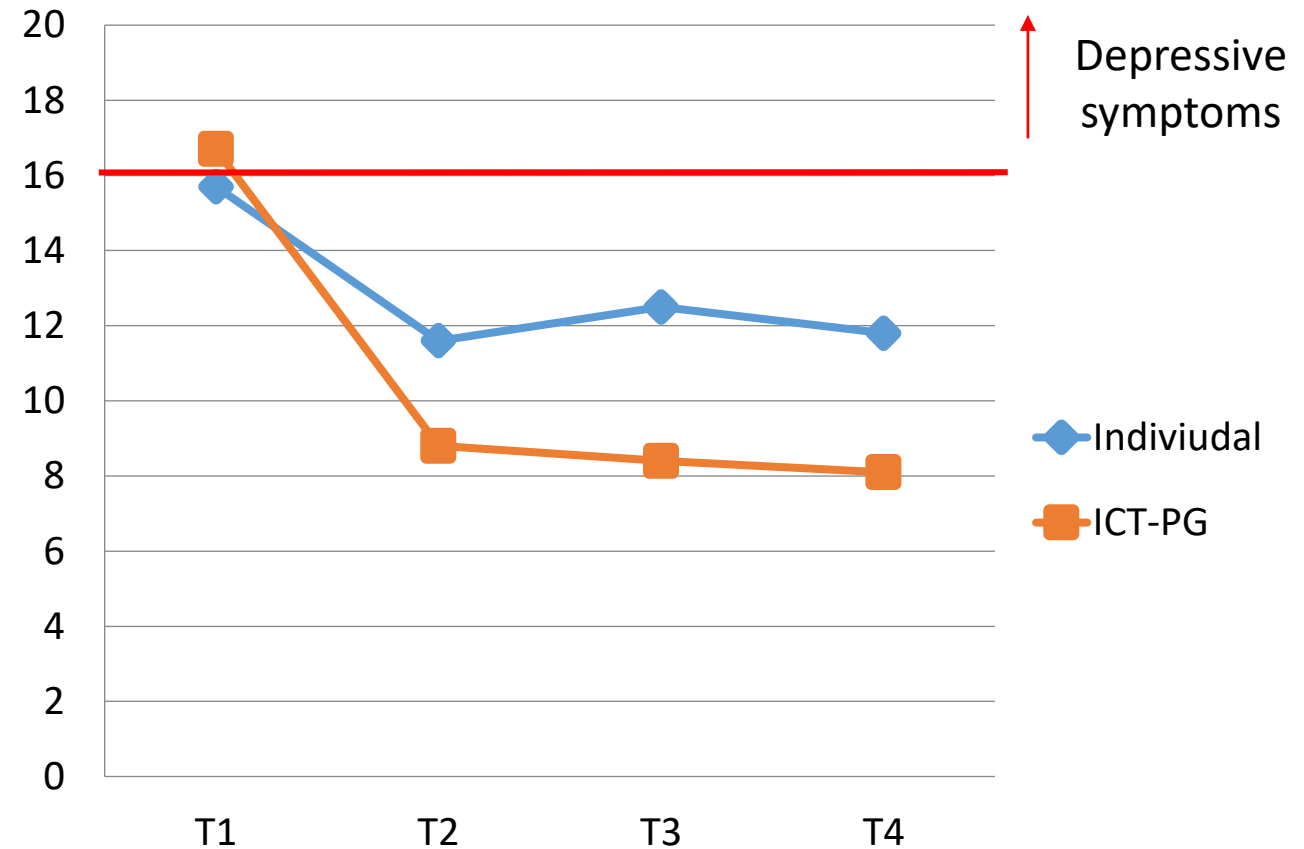
Qualitative study

The Experience of Couples in the Process of Treatment of Pathological Gambling: Couple vs. Individual Therapy

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Context: Couple treatment for pathological gambling is an innovative strategy. There are

Method

- Individual interviews
- 9 month after admission in treatment
- n=21 couples
    - n=8 Individual therapy
    - n=13 Couple therapy

Seven Main Themes

Revealing gambling behaviors to the partner

Develop mutual comprehension and the need for help to attain it

Better mutual comprehension improves mutual support

Commitment to and regularity in treatment

For many, gambling is a relational problem. For a few, gambling is not related to couple's life

Format and structure

Conditions favouring one treatment or the other

1. Revealing gambling behaviors to the partner

- All gamblers noted that one of the delicate tasks of the change process was to be honest about their gambling cravings and behaviours, in particular toward their partner.
  - "Sometimes it's better your girlfriend doesn't know certain things. They're not really lies, they're personal things you don't want her to be aware of." [5191-Gambler_CoupleTherapy$_4$]
  - "When you are an addict, whether it's alcohol, gambling, or drugs, you're a liar too. [So, your partner] she doesn't really know [what you do]." [14331-Gambler_CoupleTherapy]

2. The need to develop mutual comprehension and the need for help to attain it

- a) The partner's need to understand the change process
- b) The need to have discussions about their mutual experiences
- c) The benefits of having a neutral person present
- d) The practice of communication

3. Better mutual comprehension improves mutual support

- a)The couple approaches the gambling problem together
- b) No longer reinforce gambling behavior
- c) Gambling behavior interpreted as meanness
    - "My wife, she thought I wanted to hurt her, but that wasn't it at all. Gambling is stronger than I am, I go even though I know I shouldn't." [16311-Gambler_CoupleTherapy]
- d) Gamblers develop a better understanding of their partners' suffering
- e) The partners help the gamblers to avoid relapses
- f) The couple starts to do enjoyable activities together again
    - "We've been together for 24 years and we've never held hands [saying] 'I love you' and things like that. So now we've learned to do it." [3180-Gambler_CoupleTherapy]

4. Commitment to and regularity in treatment

- The couples in both treatments raised the issue of the gamblers' motivation, particularly the need to help them go to treatment regularly.

- Several of the gamblers selected for couple treatment mentioned that, if it had not been for the presence of their partners, they would not have continued the treatment

  - "I don't know if I would have made it to the end. Sometimes it takes a little kick in the butt. I don't know if I would have had the motivation to come every time, it's easier to do it together. [. . .] Sure I'm the one who has the problem, [but with] someone to support you all the time, it's a bit easier." [5191-Gambler_CoupleTherapy]

  - "If we had been in couple treatment together, it would have certainly lasted longer. He would probably have gone right to the end [of the treatment]. Even if I had to drag him on a leash [to the meetings]." [14280-Partner_IndividualTherapy]

5. For many, gambling is a relational problem. For a few, gambling is not related to couple's life

- Several couples in both treatments considered that gambling problems were intertwined with the couples' relationship and that it was therefore necessary to discuss everything during the couple meetings

- For these participants, opting for couple treatment was an obvious choice, responding more directly and effectively to the gambling problem and its relationship dimension.

  - "I think all couples would be better off doing the couple therapy. Because I think the person living with someone who has a [gambling] problem suffers as much as the gambler. You help two people in difficulty. Two birds with one stone." [16311- Gambler_CoupleTherapy]

- Inversely, some gamblers oriented in individual treatment considered that they were much better off in individual treatment, believing that their partners would have wasted their time in these meetings.

  - No gambler in couple therapy expressed this point of view

6. Format and structure

- Most of the couples were satisfied with the services received, whether it was the individual or couple therapy.

- A few people who were selected for individual treatment and subsequently received couple therapy, considered that a combination of the two types of treatment would have been beneficial, beginning with individual meetings and then working with the couple.

- The gamblers oriented in individual treatment agreed for the most part that it would have been too difficult to begin with couple meetings.

7. Conditions favouring one treatment or the other

- Individual treatment is favored by participants in situations where:
  - Gamblers had great difficulty expressing themselves and where the partners talked a lot and even too much
  - Gamblers did little to meet the family's needs and invested little in the couples' relationship, their partners felt relieved to know their gambling spouses were consulting individually, as this gave them the impression they had a bit less to carry on their shoulders.
  - The gamblers had to explore different elements of their childhood or adolescence, it was sometimes advantageous to turn to individual treatment, thereby giving the gamblers all the space they needed to talk about themselves freely.

7. Conditions favouring one treatment or the other

- Couple treatment is favored by participants in situations where:
    - The couple already has a trusting relationship (e.g., to reveal personal information concerning his past);
    - The persons want to save their relationship

REFERENCES

References

- Baugh, C. W., Avery, A. W., & Sheets-Haworth, K. L. (1982). Marital problem solving scale: A measure to assess relationship conflict negotiation ability. *Family therapy*, *9*(1), 43-51.

- Boyd, L.A. & Roach, A.J. (1977). Interpersonal Communication Skills Differentiating More Satisfying from Less Satisfying Marital Relationships. *Journal of Counseling Psychology, 24*(6), 540-542.

- Brassard, A., Houde, F., & Lussier, Y. (2011). Élaboration et validation du Questionnaire de soutien conjugal (QSC). *Canadian Journal of Behavioural Science, 43*(2), 69-77. doi: 10.1037/a0021390

- Ferris, J., & Wynne, H. (2001). The Canadian problem gambling index: Final report. Submitted for the Canadian Centre on Substance Abuse.

- Ilfeld, F.W. (1976). Further validation of a psychiatric symptom index in a normal population. *Psychological Reports, 39*(3, Pt 2), 1215-1228.

- Kim, S.W., Grant, J.E., Potenza, M.N., Blanco, C., & Hollander, E. (2009). The Gambling Symptom Assessment Scale (G-SAS): a reliability and validity study. *Psychiatry Research, 166*(1), 76-84. doi: 10.1016/j.psychres.2007.11.008

- Ladouceur, R., Jacques, C., Giroux, I., & Sévigny, S. (2004). Inventaire des croyances liées aux jeux. Centre québécois d'excellence pour la prévention et le traitement du jeu, École de psychologie, Université Laval, Québec (QC), Canada.

- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*(3), 385-401.

References

- Sabourin, S., Valois, P., & Lussier, Y. (2005). Development and validation of a brief version of the Dyadic Adjustment Scale with a nonparametric item analysis model. *Psychological assessment, 17*(1), 15-27.

- Tremblay, J., & Blanchette-Martin, N. (2009). Manuel d'utilisation du DÉBA Alcool/Drogues/Jeu; Version adaptée pour la formation de la première ligne en dépendance, Version 1.08, Québec, Service de recherche CRUV/CRAT-CA en collaboration avec le Centre Dollard-Cormier – Institut universitaire sur les dépendances.

- Tremblay, J., Savard, A.-C., Blanchette-Martin, N., Dufour, N., Bertrand, K., Côté, M., & Saint-Jacques, M. (2015). Integrative couple treatment for pathological gambling/ICT-PG: description of the therapeutic process. *The Canadian Journal Addiction*, *6*(2), 54–61.

- Weiss, R. L. & Cerreto, M. (1980). The Marital Status Inventory: Development of a measure of dissolution potential. *The American Journal of Family Therapy, 8*, 80-86.