The Use of Hypnosis as an Adjunct to Cognitive Behavioural Therapy in Treatment of Problem Gambling Developed as Stress Management following a Work Place Injury

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Abstract

This case study describes the effectiveness of hypnosis in treating problem gambling, which developed as stress management following a work place injury. It demonstrates the effectiveness of hypnosis as an adjunct to Cognitive Behavioural Therapy, in supporting this client in her recovery. Therapy was aimed at developing an awareness and regulation of her stress and anxiety, achieving sustained abstinence from gambling, solution-focussed recovery and relapse prevention. The client reported positive coping, repair to relationships, and sustained abstinence from gambling, three months post treatment.

Keywords: Hypnosis, Cognitive Behavioural Therapy, Problem Gambling

Presenting Problem

Sarah, a 50 year old female, was referred by a colleague following her request for hypnosis. Problem gambling had developed over the last 7 years, following a work place injury. She made progress with Cognitive Behavioural Therapy (CBT), and reduced her gambling. She wished to try hypnosis to assist her in managing her continued urges to gamble.

Client’s Presentation

Sarah and her current psychologist attended a case meeting to discuss her request for hypnosis. She presented as a well groomed and articulate, unemployed health practitioner. Sarah reported that she commenced gambling while recovering from a work place injury. She described surgery, medical treatment and the legal process following the injury as a “traumatic experience”. She advised that all legal proceedings were complete and final. She reflected that
gambling had become her replacement workplace, however, she had run out of money well before the equivalent salary cover of her payout; and eventually became homeless. She had recently moved into supported housing, had reduced her gambling, and despite huge relief, remained distressed that she was still unable to control urges to gamble, and had not repaired damage done to her relationship with one of her daughters.

**Relevant Personal Report**

**Medical**

No relevant medical history reported until the work injury in 2005. Back surgery and a painful recovery followed; she remained reliant on pain patches and medication to cope. At presentation, her GP was monitoring reduction of pain medication, and had referred her for review with a pain specialist.

**Psychiatric**

No psychiatric history.

**Social**

Until her work injury, Sarah described a busy and satisfying professional life; socialised regularly with colleagues, friends and family. Presented currently as socially able and inclusive, describing her empathy and friendly attempts to get to know her new neighbours in her new supported housing. She described herself as fortunate but finding the transition hard.

**Psychological**

Sarah divorced her husband who was physically abusive to her and her youngest son. Proud that she raised four children as a single, working mother and reported them a close loving family. Describes the abused son as “troubled” with alcohol problems. Her eldest daughter remained estranged since physically restraining Sarah from going out to the pokies\(^1\); this rift remains a major ongoing stressor.

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1 In Australia, 'pokies' is the colloquial description given to 'poker machines' or 'electronic gaming machines'
Hawkes (1998) espouses the first step of counselling is 'to determine the purposes of the addiction'; Sarah described the purpose of her gambling, while recovering from medical treatment, as filling the gap left by the abrupt loss of her very busy and stimulating work life.

The loss of her work status, income and occupation was compounded by her sense of betrayal by a work manager, who witnessed her accident and later denied this in the legal proceedings. She acknowledged huge grief at ending her career without acknowledgement, or apology; the financial payout the only validation of her injury and loss.

Gambling further exacerbated her loss; resulting in loss of her comfortable lifestyle and housing, and breakdown in relationship with her eldest daughter.

She described urges to gamble at that time as "out of her control" and when the gambling was at its worst, 12 months ago, and a close friend tried to intervene, she had contemplated suicide. She had not acted on her suicidal thoughts and instead had talked through the matter with her friend, and returned to stay with her, until other arrangements for accommodation were made.

She described being 'lost in gambling' and reported this behaviour as 'out of character'.

**Suitability of the client and the condition/problem for hypnotically based treatment**

Intrinsic motivation and self-efficacy are key strengths in supporting change (Marlatt & Gordon, 1979). Sarah was self-motivated to work with hypnosis. She had no experience of hypnosis, but was familiar with meditation, and when prompted to imagine, she was able to bring a strong visual picture to mind; and was encouraged that she demonstrated a capacity to work with hypnosis.

Sarah's described 'losing herself' in pokies play, which had become a very expensive 'avoidance' or 'time out' from her various worries and anxieties. Her descriptions are in keeping with some core factors of the Anxiety Disorders, reviewed by Evans and Coman (1998), including anxiety
and worry precipitated by sudden onset of injury, illness or surgery (Beck & Emery, 1985), or triggered by life events outside a person's control.

The term “dissociation” is often used as a generic description of a player's sense of losing oneself in time and focus and capacity for rational decision making when caught up in pokies play (Kuley & Jacobs, 1988). Support for the efficacy of problem gambling behaviour as ‘self-medication’, a means of escape from negative mood states, and to forget troubles, was identified by Dickerson, Walker, Legg, England, and Hinchey (1990). Further, Legg, England and Gotestam (1991) found problem gamblers reported loneliness, depression, or stress precipitated their gambling.

Gambling clients also report experiencing hyper- or hypo- arousal as a precipitant, and consequence, of ‘going to the pokies' and readily identify with the “Window of Tolerance Framework” (Siegel, D., 1999; Ogden, P., 2000). Supporting clients in identifying and managing autonomic arousal is positively treated with deep relaxation, focussing and self-hypnosis (Evans & Coman, 1998).

It was expected that she would be well supported with a range of effective uses of hypnosis to support her current goals of anxiety management (Evans & Coman, 1998) with the aim of making gambling redundant as a coping outlet. Discussions about how this could be achieved (Clarke, 1992; Clarke & Jackson, 1983) supported her expectations of recovery and reconnecting to family and friends.

**Informed Consent**

Following Scheflin's (2001) recommendation that a client be knowledgeable enough to make a conscious decision when giving informed consent, a general discussion was had about the
hypnotic process\textsuperscript{2} and the varying experience and benefit across the bell curve of the general community. It was discussed how hypnosis could be introduced as an adjunct to CBT, to support her in replacing gambling with other ways of managing her stress and anxieties (Evans & Coman, 1998) and free up her attention to positive ways of adjusting to the changes in her life (Jackson 1995; Stanley, 1995).

Sarah reported no current indicators of suicidal ideation. Given her report of past ideation, she recommitted to a safety plan. At assessment, she was clear in her statement that she could guarantee her safety.

Sarah confirmed no ongoing legal or 'work safe' matters and gave her verbal consent for hypnosis and the handover for treatment.

She completed a final session with her current psychologist, to review and honour her success to date in stabilising her situation and reducing her gambling.

**Rationale overview for the techniques chosen and how they are to be integrated with other treatments**

*Cognitive Behavioural Therapy* (CBT) is evidence-based practice for treatment of problem gambling (Thomas et al., 2012). Where people are in a “committed stage of readiness for change” (Prochaska & DiClemente, 1992), CBT gives a structured framework to mobilise and support the change required to establish and sustain abstinence from problem gambling. In addition to habituated gambling behaviour, clients present with a range of underlying and contributing issues that drive that behaviour. Sarah is representative of Blaszczynski’s (2002) second pathway or the 'emotionally vulnerable' group, who gamble as a response to 'emotional or psychological distress', resulting from backgrounds of abuse, grief, trauma, attachment issues.

\textsuperscript{2} Explanation in keeping with “About hypnosis”, the Australian Society of Hypnosis Victoria website May 2013.
Over several sessions of history taking and assessment and review with Sarah of her previous experience of treatment with an experienced CBT therapist, my hypothesis that Sarah would benefit from hypnosis as an adjunct to CBT and general trauma work was strengthened (Evans & Coman, 1998).

**Therapy Goals**

Aimed to support Sarah in strengthening her coping with the anxieties surrounding her recovery and adjustment to life changes, which continued to trigger her gambling.

This would include continuing to strengthen CBT strategies; to identify and self-soothe autonomic arousal and develop sustainable coping strategies; and support her in her wish to reconnect to family and friends alienated by her 'out of character' behaviour.

Agreed that hypnosis could also support pain management.

**Rationale overview for the techniques chosen and how they are to be integrated with other Treatments**

No formal demonstration of trance depth or response was assessed as necessary given her self-motivation for hypnosis treatment, and her positive response to guided relaxation and imagery.

There is evidence that stress and anxiety in general may precipitate gambling activity, and that developing pathological gambling may be related to unresolved trauma-related anxiety. Sarah's assessment scores\(^3\) and history of previous high functioning, indicated that she would benefit from developing an increased awareness of how, over recent years, her body automatically responded with 'fight and flight' symptoms when triggered.

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3 Kessler 6 indicated high psychological distress. K6 picks up on a combination of anxiety and depression; in gambling literature such scores are associated with clients who generally present as functioning but struggling (PGRTC, 2010). PGSI indicators among others met the criteria for pathological gambling (DSM-IV-TR).

Problem Gambling Severity Index (PGSI) - Over the last 12 months she self-rated her gambling behaviour as 21/27 on the PGSI, which placed her in the 'problem gambling' category. (A study of gambling in Victoria: Problem gambling from a public health perspective)
Using “talking” therapy and interweaving hypnosis to support and give emphasis to her experience, it was proposed to build rapport over several sessions, to work with ego strengthening, and increase her awareness and confidence by experience that she could self-soothe emotionally and physically and orient to the future. Guided relaxation was chosen as initial induction, and safe place establishment.

Each session used hypnosis to reinforce the 'talking' focus of the session (Evans & Coman, 1998; McConkey, 1984).

Session One

Building rapport, debriefing and reviewing the discussions held in the case meeting; further history taking.

Reported no gambling since our case meeting. She put this down to feeling very positive in her expectation of using hypnosis (Goldstein, 1981; Vanderlinden & Vandereycken, 1990), and that she had taken up the referral made to financial counselling.

Spent time discussing and validating her distressing experience of betrayal by her manager, and the abrupt loss of her work life amidst the ordeal of medical and legal proceedings and the development of her problem gambling. Discussed in context of grief and trauma in broad terms and normalised how gambling can initially serve as a positive outlet for coping when one needs time out. Clarified the evolution of her use of gambling. It was clear from her descriptions that gambling evolved from socialising with friends while recovering, to becoming a sole and 'time out' experience when lonely and feeling isolated or distressed, and she sought distraction and relaxation.

Hypnosis focus agreed on, from session discussion, was a need for safe respite. Used relaxation induction, introducing a 'yes set'– Sarah very responsive – she created a safe place sitting on a bench under a tree - responded well to cues to experience through each of her senses. Described a beautiful scene by a lake with a gentle breeze. Time given to her to soak up the calm and
relaxation and cued for recall to this experience whenever she wanted to take time out for herself in self-hypnosis. Cued for expectation that she will continue to enjoy the ease and calm of taking time for herself; and cued for expectation that she will be able to create this peaceful restorative space for herself at home. Reinforced theme that she had done all the right things to support change and now she could just relax and repair; in keeping with, what you focus on you amplify in hypnosis (Yapko, 2008). Permissive disengagement from 3-1 when ready …..

Session concluded with her feedback of a positive experience and feeling hopeful.

**Session 2**

Telephone session to follow up on cancelled appointment. Her presentation was flat and disappointed that she had gambled. Agreed on substituting her face-to-face session with a telephone session later that day. In the meantime, Sarah agreed to go for a walk in the sunshine and we talked through the benefit of focussed breathing for self-soothing her stress response and to re-engage her problem solving capacity: in keeping with Pat Ogden's (2000) bottom up sensorimotor entry to facilitate reactivation of cognitive and emotional functioning, when autonomic dysregulation is triggered.

Later that day, Sarah presented in a more positive state and reported she had used safe place imagery and focussed breathing.

Normalised slips as part of the “learning” process toward maintaining change – used smoking cessation example as Sarah was familiar with others’ attempts at stopping and remaining abstinent and building capacity to maintain over time.

Trigger identified was her distress at her ongoing estrangement from her daughter with Christmas in mind. Encouraged her to re-frame her disappointment that her daughter had not responded to her attempts to reconnect, with imagery of a light house sending out a signal to her and that she knows where she is and that she is safe now. Talked her through relaxation breathing and eliciting her safe place imagery and trusting her daughter as the good woman she
describes.

**Session 3**

Sarah reported no further gambling. Reports that following her 'down' day, she visited her sister and had a very positive day, and felt grounded again.

Today she reported having a visit with neighbours – getting to know people and feeling positive about her new living circumstances.

Reviewed her self-hypnosis – doing well – calming experience of colour breathing and her safe place.

Cued to other self-soothing activities\(^4\) - mindful focus when eating, doing the dishes; viewing her developing garden and metaphor for thriving; fully attending to the water feature in the garden – reinforced the rationale of soothing, calming the mind and body as healing and building a buffer against stress.

Reports she will have a pleasant Christmas with her eldest son and his family.

**Session 4**

Coped well over Christmas. Since then, urges to gamble, but much less frequent than in the past.

Has been proactive in ramping up protective strategies; describes going into her local venue and telling staff that she has self-excluded\(^5\) and she wants to be sure they would recognise her if she breached. Congratulated her courage and relapse prevention.

Reported surprise contact from her estranged daughter and a shared Christmas meal at Sarah's new unit. This good news overshadowed by her worry about her troubled son who has not been in touch and out of character for him.

Also identified that her stress compounded by reduction in pain medication by her GP, resulting in poor sleep.

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\(^4\) Marsha Linehan's (DBT) self-soothing recommendations.

\(^5\) Self-exclusion is a contract taken out by a person who wishes to be banned by venue staff from entering the gambling areas of a venue.
Relapse prevention focus of hypnosis – cued to anticipate quicker induction. Revisited the pressure cooker metaphor. Ego strengthening – cued that she well equipped for stress management and that she can trust that she knows what she needs and what works. Solution-focussed thinking in her safe place. She reported aspiring to be sitting with all her family reunited under the tree.

Positive feedback – about the peaceful joy of sitting with her family under her tree. Clear sense that she does know what works as she gets glimpses of being pain free when she works at relaxation, social connection, and being busy without stress.

Encouraged book ending her day with self-hypnosis to associate with the respite of her safe place with the aim of rendering gambling redundant as stress management.

Session 5

Reports lunching near the local venue and no thoughts of gambling. Reports being triggered by program on pyramids\(^6\) and turned it off immediately. Says she really feels strong and clear about managing urges.

Feels like a huge load has been lifted as she has seen her son who had been assaulted and hospitalised over Christmas. Says he is not well but she is hopeful as he is in a new positive and supportive relationship. She is passing on her self-soothing tips.

Continuing her self-hypnosis daily – finds her attention going to positive things she is looking forward to.

Solution-focussed review – rates herself 6/10 where 10 is her top well-being rating, and the word 'content' captures all her aspirations. She describes herself as feeling at home in herself again

\(^{6}\) Pyramid imagery associated with a favourite “pokies” game played.
and relates to sitting in her sitting room and feeling content. Aspires to be useful and helpful to others - thinking of volunteering to give back.

Her choice of hypnosis focus – tuning into the pain in her body today – imagery of a pain thermometer – rates pain at 3 (had taken pain meds. prior to session) – able to dial down while focussing on the pain and sky blue colour breathing – outcome pain minimised and encouraged to work on at home especially before bed. Confident to extend session break to 3 weeks’ time.

Session 6
Focus of session – reconnections with both daughters on her Birthday – acceptance they care despite their very busy family lives. Content that her relationship with her daughter is healing even though still some coolness.

Focus of hypnosis – safe place and calming – reflecting on how her daughter shows her care while juggling serious worries in her own family – focus on reconnecting to her daughter – reports feeling very calm and peaceful and accepting that time is healing herself and her relationship with her daughter.

Session 7
Urges returned when youngest daughter returned home from her holiday. Reviewed CBT strategies and getting “back to basics” - cued in hypnosis. Normalised urges as just memory triggers and cued to adopt the mindfulness approach of “expecting and accepting thoughts as ‘pop ups’”. Ego strengthening: cued to reconnect to core values and see herself as the woman she wished to be, using well-being enhancing ways of self-soothing - cued to re-experience her strength and resolved when she instructed venue staff about her self-exclusion – cued to experience mindfulness imagery, imaging herself sitting beside the lake in her safe place imagery
and autumn leaves dropping on to the water and whenever a thought / urge pops up just letting it drop onto a leaf and float away.

**Sessions 8, 9 and 10**

Continued reinforcing strategies and developing mindfulness thinking in session discussions and then reinforced in hypnosis to end session. Urges became less intrusive as her focus turned to social reconnection as finances began to recover and family events increased.

**Session 9**

Rated herself at 99.9% good. Still experiencing some thoughts about gambling and adopting the mindful approach of imagining them drop on a leaf and float away – continues to find this working for her.

**Session 10**

Telephone session as Sarah visiting a friend – reports herself busy and still using her mindfulness leaf float routine for thoughts about gambling. Discussed staying grounded and she reports feeling quite strong. Is awaiting a review pre-surgery.

**Outcomes**

At 3 months post last lapse is gambling-free, reconnected to family and friends and reports improved sleeping.

**Conclusions and Retrospect**

In retrospect, I would be more directive earlier in shifting the focus from the past to the future. For example introduce hypnosis script along the lines of this example from Yapko (2008): “You have been so absorbed in feelings of distress, it would be helpful to start to get absorbed in a
different way of experiencing yourself ...”

Would give more consistent support to pain management, that is give her a larger repertoire of hypnotic suggestions, along the lines of Kiernan et al (1995), for example 'mental comfort and restfulness, and reinforce 'normalization of analgesia”.

References


