# INTERNATIONAL CERTIFICATION EXAMINATION FOR GAMBLING COUNSELORS

ICGC Exam Study Guide 2021


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## PREFACE

The purpose of this Gambling Counselor study guide is to provide individuals with a comprehensive review of material that reflects the range of topics and questions you may encounter on the IGCCB – International Certification Examination for Gambling Counselor. The materials are designed to help you accomplish the following:

- ***Practice test taking strategies****. You can review the cases as an opportunity to practice effective test taking.*
- ***Assessing strength and weakness****. You can use the Cases and practice questions to assess areas of strength and weakness in your problem and disordered gambling knowledge base.*
- ***Identify personal biases****. The cases and practice questions can help you identify personal biases that my influence your response to some questions. These may include the tendency to answer based on employment setting, rather than what is generally accepted in the problem gambling treatment field. It might also include issues where you have a strong belief, even if it runs contrary to fact or research.*
- ***Learning/Clarifying Problem Gambling Knowledge****. The study guide provides information in each section that mirrors the educational requirements for the International Certification of Gambling Counselors Level I and Level II.*

These cases and practice questions should not be used to anticipate the score you will receive when you actually take the examination. The study guide and practice questions are designed as a learning tool to assist you in improving your overall knowledge in the screening, assessment, and treatment of individuals and their families of problematic and disordered gambling.

The **IGCCB** has a **Code of Ethical Conduct** that all members of the certification agree and adhere to in professional settings.

As they relate to this study guide:

***Principle 2: Responsibility*** – this study guide should not be copied, shared, or reused. Use of copyrighted material without permission or payment of royalty may be considered theft.

***Principle 4: Legal and Moral Standards*** – this study guide was developed to promote knowledge and expertise in the profession. Providing copies without payment or permission may be considered against legal and moral standards of the profession.

 

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# Overview

### *About the Exam*

The **International Certification Examination for Gambling Counselor** is a computer-based exam composed of a maximum of 200 multiple choice, objective questions.

The questions for the examination are obtained from individuals with expertise in gambling counseling and are reviewed for construction, accuracy, and appropriateness by the IGCCB and PTC.

Passing Score: **70%**

ICGC Exam was last updated January 2020.

### *ICGC Exam Content*

The **International Certification Examination for Gambling Counselors** will be weighted in approximately the following manner:

I. Basic Knowledge of Problem and Pathological Gambling .....20%

II. Gambling Counseling Practice .....40%

III. Special Issues in Gambling Treatment .....30%

IV. Professional Issues .....10%

Exam measures ability to recall, comprehend, analyze and apply gambling and disordered gambling clinical knowledge

- *National / International*
- *Direct clinical practice skills*
- *Integration with existing clinical knowledge of Mental Health and Substance Use Disorders*
- *Best Strategy Recommendation: Learn gambling specific content AND strengthen clinical skills interventions*

## Before the Test

- ☐ *Review the IGCCB website for ICGC Certification*
- ☐ *Consider joining National Council on Problem Gambling (NCPG) as a member to reduce the exam fee by $100 (plus get great membership benefits)*
- ☐ *Review application paperwork through PTC Testing Corporation*
- ☐ *Determine if you have Special Accommodations (prior approval is needed)*
- ☐ *Prepare for exam testing window*
- ☐ *Exam is not offered all the time*
- ☐ *Exam is only up to 4 times per year, plan ahead*

## Test Day - What to Expect

- ☐ *Eat before the test. Having food in your stomach will give you energy and help with focus. Avoid heavy foods that can make you groggy.*
- ☐ *Don't try to pull an all-nighter. Get a good night's sleep the night before.*
- ☐ *Arrive Early - Show up at least 10 minutes before the test will start to avoid hurrying.*
- ☐ *Use the bathroom before walking into the test room.*
- ☐ *Take deep breaths to reduce nervousness and anxiety before and during the exam.*
- ☐ *Pace yourself--don't rush.*
- ☐ *Always read the entire question noting key words. Don't assume you know the meaning by skimming.*
- ☐ *Look over your test if you finish and have time, but do not change answers unless you misread the question. Your first answer will probably be right.*

## Taking the Exam - Tips

- *Read the whole question before looking at the answers.*
- *If you can, come up with the answer before looking at the possible answers to avoid being thrown off by several choices.*
- *Read all choices carefully before choosing one.*
- *Eliminate answers you know aren't right.*
- *If you are unsure about the answer, make an educated guess.*
- *Don't keep changing your answer. Your first instinct is usually right.*
- *If there is an "All of the Above" option and you know at least two of the choices are correct and the others are uncertain, there is a good chance the "All of the Above" choice is correct.*
- *If you absolutely do not know the answer, flag/skip it and go on with the rest of the test. Come back to it later. Another part of the test may help refresh your memory about that question and answer.*

## Studying...Where to Start?!

- ☐ *Review your training notes and all PowerPoint handouts*
- ☐ *Review your case consults and other supervision notes*
- ☐ *Review the References located in the Exam Application packet*
- ☐ *Review references that contain statistics*
- ☐ *Review age, gender, co-occurring disordered information*
- ☐ *Review client rights, ethics, and supervision at a national level*
- ☐ *Review Cases in this study guide*
- ☐ *Consult with your Board Approved Clinical Consultant (BACC) to establish your content Strengths and Weaknesses and put a plan of action in place*

# ICGC Study Guide Outline 2020

## Basic Knowledge of Problem and Disordered Gambling

### Scope of Legalized Gambling in the US

#### *Prevalence of Problem Gambling*

It is important to know the overall research on prevalence rates in the general population as well as age, gender, ethnicity rates. Review the references listed in the IGCCB Handbook for the most up to date references.

##### *Among Adults*

- *2 million (1%) meet criteria for gambling disorder*
- *4 to 6 million (2% to 3%) considered problem gamblers but do not meet diagnostic criteria*
- *0.2% - 0.3% past-year prevalence of gambling disorder in the general population*
- *0.4% - 1.0% lifetime prevalence in the general population*
- *Prevalence findings highly variable based on methodology and population samples. It is generally agreed that prevalence of gambling disorder in the U.S. is about 1%*
- *Older adults have lowest prevalence of all age groups*

##### *Among Youth*

- ***Young adults have highest percentage of problem gambling of all age groups***
- *4.1% adolescent*
- *5.6% college-aged*
- *Increased risk-taking*
- *Increased novelty seeking*
- *Decreased capacity for good judgment*

##### *Among Treatment Populations*

- *49% of individuals diagnosed with a gambling disorder had received mental health or substance use disorder treatment but did not receive any treatment for their gambling*

- *56% are diagnosed with a mood disorder*
- *60% are diagnosed with anxiety disorder*
- *42% are diagnosed with a substance use disorder*
- *57% to 82% gambling diagnosis is discovered secondary*

### *Among Diverse Cultural, Racial, and Ethnic Groups*

- *0.2% lifetime prevalence for females*
- *0.6% lifetime prevalence for males*
- *0.9% lifetime prevalence for African Americans*
- *0.4% lifetime prevalence for Caucasians*
- *0.3% lifetime prevalence for Hispanics*
- *In U.S. African Americans have consistently been found to have higher problem gambling prevalence rates that Caucasians*
- *Research has been mixed on whether Latinx and Asian Americans are at higher risk for problem gambling than European Americans*

## *Definitions of Gambling and Problem Gambling*

Know how to define various levels of gambling and problem gambling with individuals. Understand the scores and cut-offs to properly define and target interventions.

- ***Gambling*** *– the act of risking something of value, including money and property, on an activity that has an uncertain outcome*
- *"Any betting or wagering for self or others, whether for money or not, no matter how slight or insignificant, where the outcome is uncertain or depends upon chance or 'skill,' constitutes gambling."*
  *(Gamblers Anonymous, 1994)*

- ***Problem Gambling*** *– consists of persistent failure to resist the urge to gamble, to such an extent that personal, family, and/or vocational life is seriously disrupted*

## *Gambling Disorder*

### *Definition / Terminology of Gambling Disorder*

Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period (See DSM-5 Criteria in future section)

"The fundamental premise is that disordered gambling represents the outcome of a complex matrix of environmental, intrapsychic, biological, and cultural factors." (Richard, Blaszczynski, & Nower, 2013)

Problem gambling is defined as "gambling behavior that results in any harmful effects to the gambler, his or her family, significant others, friends, co-workers, etc."(Committee on the Social and Economic Impact of Pathological Gambling, 1999)

## *Etiology and Progression of Gambling Disorder*

Continuum of Gambling

- *no gambling*
- *social gambling*
- *serious social gambling*
- *at risk*
- *problem gambling*
- *disordered gambling*
- *2% to 3% of the population falls in the problem gambling category*
- *1% of the population falls in the disordered gambling category*

Withdrawal symptoms from gambling

- *While those with gambling disorder may have withdrawal symptoms as do those with substance use disorders, withdrawal symptoms are not as predictable or consistent with gambling as substance use.*
- *moodiness, irritability, nausea, stomach cramps, sweats*
- *cravings, preoccupation, restlessness*
- *insomnia, headaches, depression, anxiety*

## *Subtypes and Pathways Model*

### *Pathways Model*

3 Pathways

1. *Behaviorally Conditioned*
2. *Psychologically Vulnerable*
3. *Antisocial/Impulsive*

All 3 pathways share 4 characteristics

- *access and availability*
- *classical and operant conditioning*
- *habituation*
- *chasing*

***The behaviorally conditioned problem gambler (repeated action)***

- *gambling is linked to learning and environment*
- *no pre-existing pathology*
- *may have early big wins, intermittent wins, enjoy excitement*
- *the above three combine to form gambling habit*
- *intensity and severity is lower in this group*
- *have more insight into their problems*
- *more likely to seek treatment, to comply, and have better outcomes*
- *cognitive distortion contributes to habitual pattern*
- *anxiety, depression, substance misuse likely secondary to gambling disorder*

***The psychologically vulnerable gambler (used as coping)***

- *pre-existing psychological problem that creates emotional vulnerability (i.e., difficulty managing stress or dealing with crisis)*
- *gambling viewed as escape or potential solution*
- *poor coping and problem solving due to inadequate role models or past trauma, child abuse, or family upbringing*
- *may have low self-esteem anxiety, depression, or insecurity*
- *gambling may instill a sense of hope, increasing desire to gamble*

***The antisocial/impulsive gambler (wired for addiction)***

- *small group with impulsive behaviors from childhood*
- *often have problems with learning and concentration*
- *may have attention problems and overactive need for stimulation*
- *may experiment with drugs and alcohol at an early age*
- *may start gambling at an early age*
- *gambling may occur in binges*
- *may do things on impulse without considering consequences*

## *Similarities and Differences with Substance Use Disorders*

- *Similarities: preoccupation, loss of control, progressive, continued despite negative consequences, tolerance and withdrawal*
- *Differences: unpredictable outcome, not self-limiting, easier to hide, more intense shame and guilt, less public awareness, no tell-tale biological signs (not detectable in blood, urine, dilated pupils, slurred speech or on the breath)*

*Relationship between problem gambling and substance use disorders*

- *high rates of co-occurrence*

 

- *preoccupation and loss of control*
- *similar clinical courses*
    - *increased rates in adolescence; decreased rates in older adults*
    - *telescoping pattern in women (progresses quickly in later life)*
    - *both are progressive*
- *similar clinical characteristics*
    - *tolerance, withdrawal, repeated attempts to cut back or quit, denial that problem resides within the person*
    - *urges and craving states*
- *similar biology*
    - *genetic contributions; neural circuits*
- *similar treatments*
    - *self-help; Cognitive Behavioral Therapy (CBT); Motivational Interviewing (MI); naltrexone (modulates dopamine transmission in reward pathway); other medications; family involvement*

Problem gambling and substance use disorders as disorders of "misdirected motivation"

- *priority is given to specific motivational behaviors that are associated with immediate or short-term rewards*
- *decisions to delay gratification are compromised*
- *people with problem gambling or substance use disorders perform disadvantageously on decision-making tasks and discount rewards more rapidly*
- *low serotonin is associated with impaired impulse control*
- *alcohol dependence and problem gambling associated with increased impulsivity*
- *problem gambling subjects show smaller amygdala and hippocampus volume*

Differences between problem gambling and substance use disorder

- *fantasies of success*
- *easier to hide*
- *gambling is not self-limiting*
- *problem gambling has increased denial and stronger defenses*
- *intensity of family anger*
- *no biological test*
- *unpredictable outcome*
- *increased intensity of shame, stigma and guilt for problem gamblers*
- *increase financial problems for problem gamblers*
- *less public awareness*

Consequences of Problem Gambling

 

- *poor health*
- *mental health issues (depression, anxiety, etc.)*
- *potential alcohol and drug dependence*
- *family arguments and high divorce rates*
- *legal conflicts*
- *bankruptcy*
- *job loss and unemployment*
- *suicide (60% suicidal ideation; 20% suicide attempt)*

## Client Evaluations

### *Client Screening Tools*

**The Lie-Bet Screen (1997)**

- *not widely used*
- *two questions used*

1) *"Have you ever felt the need to bet more and more money?"*
2) *"Have you ever had to lie to people important to you about how much you gambled?"*
   - *A "YES" answer to one or the other of the two questions, or a "YES" to both questions should indicate a need for a full assessment for problem gambling. A "NO" to both may indicate no gambling concerns.*

**NODS-CLiP (2002)**

- *over captured low-risk gamblers*
- *consists of three questions only, one in each category*
- ***N**ational **O**pinion Research Center (NORC) at The University of Chicago **D**iagnostic **S**creen (NODS)*
- *(loss of) **C**ontrol – "Have you ever tried to stop, cut down, or control your gambling?"*
- ***Ly**ing – "Have you ever lied to family members, friends, or others about how much you gamble or how much money you lose on gambling?"*
- ***P**reoccupation – "Have there been periods lasting two weeks or longer when you spent a lot of time thinking about your gambling experiences, or planning out future gambling ventures or bets?"*
- *Answering "YES" to any of the three questions may indicate a problem with gambling*

**NODS-PERC (2007)**

- *increased diagnostic efficiency*
- *better at capturing problem gamblers and not low-risk gamblers*
- ***P**reoccupation – same as NODS-CLiP*
- ***E**scape – "Have you ever gambled as a way to escape from personal problems?"*
- ***R**isked relationships – "Has your gambling ever caused serious repeated problems in your relationships with any of your family members or friends?"*
- ***C**hasing – "Has there ever been a period when, if you lost money gambling one day, you would return another day to get even?"*

**Brief Bio-Social Gambling Screen (BBGS) (2010)**

- *Focus is on withdrawal, deception and bailout*
- *Withdrawal – "During the past 12 months, have you become restless, irritable, or anxious when trying to stop/cut down on gambling?"*
- *Deception – "During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?"*
- *Bailout – "During the past 12 months, did you have such financial trouble that you had to get help from family or friends?"*
- *Answering "YES" to one or more questions indicates likely problems related to gambling.*

**Problem Gambling Severity Index**

*The Problem Gambling Severity Index (PGSI) is the standardized measure of at risk behavior in problem gambling. It is a tool based on research on the common signs and consequences of problematic gambling. Assessing where your client is now can help you make informed decisions on how to assist them.*

*The PGSI quiz asks participants to self-assess their gambling behavior over the past 12 months by scoring themselves against nine questions. The response options attract the following scores:*

- *never (score: 0)*
- *rarely (score: 1)*
- *sometimes (score: 1)*
- *often (score: 2)*
- *always (score: 3)*

 

**South Oaks Gambling Screen (SOGS) (1987)**

- *Valid and reliable*
- *Widely used Screen*
- *May be self-administered*

Google "South Oaks Gambling Screen" to review the entire screen.

Not empirically based screens – Not recommended for clinical assessment

**Gamblers Anonymous 20 Questions**

1) *Did you ever lose time from work or school due to gambling?*
2) *Has gambling ever made your home life unhappy?*
3) *Did gambling affect your reputation?*
4) *Have you ever felt remorse after gambling?*
5) *Did you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?*
6) *Did gambling cause a decrease in your ambition or efficiency?*
7) *After losing, did you feel you must return as soon as possible and win back your losses?*
8) *After a win, did you have a strong urge to return and win more?*
9) *Did you often gamble until your last dollar was gone?*
10) *Did you ever borrow to finance your gambling?*
11) *Have you ever sold anything to finance gambling?*
12) *Were you reluctant to use "gambling money" for normal expenditures?*
13) *Did gambling make you careless of the welfare of yourself and your family?*
14) *Did you ever gamble longer than you had planned?*
15) *Have you ever gambled to escape worry or trouble?*
16) *Have you ever committed, or considered committing, an illegal act to finance gambling?*
17) *Did gambling cause difficulty in sleeping?*
18) *Do arguments, disappointments or frustrations create within you an urge to gamble?*
19) *Did you ever have an urge to celebrate any good fortune by a few hours of gambling?*
20) *Have you ever considered self-destruction or suicide as a result of your gambling?*

- *Most compulsive gamblers will answer "YES" to at least seven of these questions*

 

**Gam-Anon 20 Questions**

1) *Did you find yourself constantly bothered by bill collectors?*
2) *Is the person in question often away from home for long, unexplained periods of time?*
3) *Does this person ever lose time from work due to gambling?*
4) *Do you feel that this person cannot be trusted with money?*
5) *Does he/she promise to stop gambling; beg, plead for another chance, yet gamble again and again?*
6) *Does this person ever gamble longer than he or she intended to, until the last dollar is gone?*
7) *Does this person immediately return to gambling to try to recover losses, or to win more?*
8) *Do they gamble to solve financial problems/have unrealistic expectations about results of gambling?*
9) *Does this person borrow money to gamble with or to pay gambling debts?*
10) *Has their reputation suffered from gambling, even by committing illegal acts to finance gambling?*
11) *Have you hidden money, knowing that you/your family may go without food/clothing if you do not?*
12) *Do you search his/her clothes and/or wallet, or otherwise check on his/her activities?*
13) *Does the person in question hide his or her money?*
14) *Have you noticed a personality change in the gambler as his or her gambling progresses?*
15) *Does the person in question consistently lie to cover up or deny his or her gambling activities?*
16) *Does he/she use guilt induction as a method of shifting responsibilities for his/her gambling on you?*
17) *Do you attempt to anticipate this person's moods, or try to control his or her life?*
18) *Do they ever suffer from remorse/depression from gambling, ever to the point of self-destruction?*
19) *Has the gambling ever brought you to the point of threatening to break up the family unit?*
20) *Do you feel that your life together is a nightmare?*

*If you answered "yes" to some or all of these questions, Gam-Anon may be for you.*

 

**SBIRT**

- ***S****creening,* ***B****rief* *I**ntervention,* ***R****eferral to* ***T****reatment*
- *Integrates alcohol and drug discussion into clinical workflow*
- *Education/prevention*
- *Graduated discussion*
- *Uses Motivational Interviewing approach*
- *Referral to treatment when indicated*

**GBIRT (or Gambling SBIRT)**

- *Application of a simple test to determine if individual is at risk for, or may have, a gambling disorder*
- *Explanation of screening results, information on responsible gambling, assessment of readiness to change, advice on change*
- *Patients with positive results on a screening may be referred to resources for further assessment and/or counseling or self-help resources*

**Remember a positive screen does not constitute a diagnosis!**

### *Assessments*

- *Engage*
- *Convey understanding and knowledge of gambling problems*
- *Address need for managing crisis and intervention*
- *Conduct thorough assessment to make diagnosis*
- *Determine and assess severity of problem gambling*
- *Person in environment and their strengths*
- *Instill hope*

### *Diagnostic Criteria for Gambling Disorder (DSM-5)*

- gambling is grouped with Substance Use Disorders in the DSM-5
- must have four of nine criteria to reach diagnostic threshold

***A.*** *Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:*

1) ***Tolerance*** *– needs to gamble with increasing amounts of money in order to achieve the desired excitement.*
2) ***Withdrawal*** *– is restless or irritable when attempting to cut down or stop gambling.*
3) ***Loss of control*** *– has made repeated unsuccessful efforts to control, cut back, or stop gambling.*
4) ***Preoccupation*** *– is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).*
5) ***Distressed gambling*** *– often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).*
6) ***Chasing losses*** *– after losing money gambling, often returns another day to get even ("chasing" one's losses).*
7) ***Lying behaviors*** *– lies to conceal the extent of involvement with gambling.*
8) ***Jeopardized/lost significant relationship, job, education, or career opportunity*** *– has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.*
9) ***Bailouts*** *– relies on others to provide money to relieve desperate financial situations caused by gambling.*

*The gambling behavior is not better explained by a manic episode.*
***Important to note that a person can have a bipolar disorder and also have a gambling disorder.***

**Specifiers of Gambling Disorder**

***episodic**: Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months*
***persistent**: Experiencing continuous symptoms, to meet diagnostic criteria for multiple years*
***in early remission**: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months*
***in sustained remission**: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer*
***severity**: Mild: 4 – 5 criteria met*
*Moderate: 6 – 7 criteria met*
*Severe: 8 – 9 criteria met*

**Differential Diagnosis**

- ***Non-disordered gambling.** Gambling disorder must be distinguished from professional and social gambling. In professional gambling, risks are limited and discipline is central. Social gambling typically occurs with friends or colleagues and lasts for a limited period of time, with acceptable losses. Some individuals can experience problems associated with gambling (e.g., short-term chasing behavior and loss of control) that do not meet the full criteria for gambling disorder.*
- ***Manic episode.** Loss of judgment and excessive gambling may occur during a manic episode. An additional diagnosis of gambling disorder should be given only if the gambling behavior is not better explained by manic episodes (e.g., a history of maladaptive gambling behavior at times other than during a manic episode). Alternatively, an individual with gambling disorder may, during a period of gambling, exhibit behavior that resembles a manic episode, but once the individual is away from the gambling, these manic-like features dissipate.*
- ***Personality disorders.** Problems with gambling may occur in individuals with antisocial personality disorder and other personality disorders. If the criteria are met for both disorders, both can be diagnosed.*
- ***Other medical conditions.** Some patients taking dopaminergic medications (e.g., for Parkinson's disease) may experience urges to gamble. If such symptoms dissipate*

 

*when dopaminergic medications are reduced in dosage or ceased, then a diagnosis of gambling disorder will not be indicated.*

**Comorbidity**

- *Gambling disorder is associated with poor general health. In addition, some specific medical diagnoses, such as tachycardia and angina, are more common among individuals with gambling disorder than in the general population, even when other substance use disorders, including tobacco use disorder, are controlled for in studies. Individuals with gambling disorder have high rates of comorbidity with other mental disorders, such as substance use disorders, depressive disorders, anxiety disorders, and personality disorders. In some individuals, other mental disorders may precede gambling disorder and be either absent or present during the manifestation of gambling disorder. Gambling disorder may also occur prior to the onset of other mental disorders, especially anxiety disorders and substance use disorders.*

- *Determine other mental health and/or substance use disorder diagnoses commonly associated with individuals that present for help. This includes mood disorders, substance use disorders, and personality disorders.*

## Gambling Counseling Practice

### Examination of Client and Counselor Attitudes & Feelings

*Attitudes towards money*

Remember that disordered gamblers have two kinds of money: Real money and Gambling money. Make sure you understand the differences and how to discuss in a clinical setting

*Deception and Self-Deception*

Proficient counselors need to differentiate the ways clients deceive themselves about problem and disordered gambling. This can include chasing to solve all their problems.
Deception is multi-faceted and can impact family and loved ones in multiple ways, including but not limited to finances, legal, IRS and taxes, friends, debt and loan amounts, and abstinence vs harm reduction.

*Meaning and role of gambling*

Counselors need to help their clients identify what role gambling plays/played in their life as part of their treatment and recovery. If they don't see how gambling help them to avoid other problems, then they will return to gambling when life stressors appear.

Excitement
Rebelliousness and Anger
Freedom From Dependency
Social Acceptance
Escape from Affect
Alternative Route to Success

*Spirituality*

Many people may experience a crisis in their faith and turn away from spiritual and/or religious practice. Others wil turn twards spirituality and/or religion when they enter recovery. Individuals can view their faith and "God" as being worthy of if they will at gambling; or they are being punished for gambling and lying. Many times, individuals may need to seek faith-based counseling or going to a form of confession to heal their issues with spirituality and/or religion.

*Transference and Countertransference*

Professionals must be aware of any and all countertransference that may have when working with individuals with a gambling disorder. It could be as simple as having difficulty dealing with finances since their own finances are in less than great shape. Or they could struggle with how much devastation is caused to the family and partner/spouse from the gambling.
Clients may also have transference depending on the level of shame and embarrassment they are experiencing when seeking help.

### *Irrational Thinking/Cognitive Distortions*

Professionals need to review the list of irrational thinking and cognitive distortions from CBT model and apply them directly to disordered gambling. Understanding how people get "hooked" in gambling is critical to successful treatment and recovery.

### *Cultural Beliefs and Attitudes*

Professionals need to explore cultural beliefs, attitudes, and multi-generational values when helping clients understand why and how they gambled. It can impact their views and perspective on abstinence or harm reduction as well. Professionals should let the client educate them about their beliefs and then help create a bridge to recovery that maintains their cultural beliefs in a healthier way.

## Considerations for Alternative Solutions

Develop a solid understanding of the three alternative solutions to working and treatment problematic gambling. Not everyone will fit one approach.

### *Abstinence*

The most common approach when working with addictive disorders. However, not all individuals seeking help will want to abstain. Become competent when this approach is more effective and when it can impact engagement, retention, and discharge.

### *Harm Reduction*

This model is highly endorsed in the problem gambling treatment field. Become competent with when to use harm reduction approaches and how to implement.

- *Harm reduction is a public health alternative to the moral/criminal and disease models of addiction*
- *Not all forms of gambling put the gambler in action*
- *Difficult for a person in gambling disorder recovery to avoid ALL forms of risk taking in life*
- *Difficult for a person in gambling disorder recovery to s avoid people, places and things in actively gambling culture*
- *Recognizes abstinence as one of many outcomes and accepts alternatives that reduce harm or risk*
- *Harm reduction strategies also apply for those working on abstinence as a goal*
- *Is not just controlled gambling*
- *Is in favor of ANY positive change as defined by the client*
- *Client sets his/her own rate of change*

### *Natural Recovery*

This term applies to individuals that do not seek self-help or professional help, and they can stop gambling naturally. Research does indicate that these individuals may not have the psychoeducation to understand their triggers,

 

reasons for compulsively gambling, or the warning signs and could be at-risk for relapse later in their lives.

## Skills for Gambling Disorders

**Redefining Best Practices**: Ensuring the application of specific guidelines and approved or "empirically validated" psychotherapeutic methods does not lead to improved treatment outcome.

Differences in treatment methods, diagnoses, and even length of treatment account for less than 5% of the variance in outcomes. (Brown, Dries, & Nace, 1999)

Development of evidence-based therapists is at least as much as, if not more, [important] than the dissemination of specific therapies.

"No amount of theory, coursework, continuing education, or on-the-job experience will lead to the development of 'experienced judgement' required for superior performance. . . . For that it appears that practitioners must be engaged in the process . . . [of] continuously reaching for objectives just beyond their current ability." (Miller, Hubble, & Duncan, 2007)

### *Engaging clients with gambling disorder*

Professionals need to develop skill and competence with their engagement techniques for gambling disordered individuals. Rolling with resistance, creating a safe space, and developing an environment for honesty are important aspects for successful engagement. If the professional does not engage, the client will be less likely to continue therapy or treatment.

### *Integrating the topic of gambling and problem gambling into SUD and MH treatment*

Given the high co-occurring rates with SUD and MH diagnoses, every professional need to find ways to incorporate effective screening and interventions with gambling in primary SUD and MH settings. Determine ways to provide psychoeducation about gambling to individuals at-risk for future gambling problems due to current SUD or MH situations. Include gambling as an example just as you would drugs, alcohol, or gaming. Work with administration to develop strong referral relationships for post discharge. These are just a few key points highlighting the importance of "tri-recovery" perspective with SUD and MH.

Change the perspective from finding cases of gambling disorder among those in SUD and MH treatment to making a discussion of the impact of gambling on SUD and MH recovery an ongoing part of the conversation in behavioral health settings.

### *Motivational Interviewing and Enhancement strategies*

Based on "stages of change" (Prochaska & DiClemente, 1983) Interventions based on enhancing client's presenting level of motivation

Studies have shown significant gambling reduction with brief motivational interventions (Hodgins, Makarchuk, El-Guebaly, & Peden, 2002; Petry, Weinstock, Ledgerwood, & Morasco, 2008)

- *Everyone is motivated but not everyone is aware of their motivation*
- *Trapped by ambivalence*
- *Conflict between indulgence and restraint*
- *Role of therapist*
    - *Active*
    - *Directive*
    - *Communicate understanding of gambling problem*
    - *Acknowledge gambler's ambivalence*
    - *Non-shaming discrimination*
    - *Establishing environment of trust and honesty*
    - *Interpret gambler's defenses*
    - *Help gambler understand the meaning of gambling*
    - *Encourage self-awareness and curiosity*
    - *Present reality objectively*
        - *Confront discrepancies, distortions, irrational thinking*
    - *Encourage creative problem solving*
        - *Non-gambling options*
    - *Provide structure*
        - *Set limits and boundaries*
        - *Help gambler slow down and focus*

Redefining Resistance:

Resistance is not a trait in a person. It's the client's signal of dissonance in the relationship.

Verbal behavior that occurs in interaction. And Never meet resistance head-on.

Use of Discrepancy Analysis and Cost Benefit Analysis to address ambivalence and motivation

## *Mindfulness Based Interventions*

- *Change relationship to gambling thoughts*
- *Cope with cravings*
- *Develop interest and curiosity about your experience*
- *Self-awareness*
- *Affect tolerance*
- *Decrease impulsivity*
- *Role of therapist*
    - *Accepting and understanding*
    - *Nonjudgmental*
    - *Attentive/present*
    - *Observant of self and others*
    - *Reflective listener*

 

- *Awareness of self and others*
- *Relaxed alertness*
- *Compassionate communication*
- *Persistence*
- *Patience*
- *Mindful risk taking*

## *Cognitive Behavioral Treatment*

- *Behavior techniques (remove having to think first before behaving differently)*

Many behavioral approaches focus on exposure-extinction and imaginal desensitization.

- *Create barriers or distance between the impulsive thought and acting on it*
  - *Self-Exclusion, Blocking Software*
- *Direct deposit of money*
  - *Limit access to money*
- *Take a new way home*
  - *Disrupt the habitual*

Triggers and Cravings and how to respond through awareness, coping skills, and urge surfing.

- *Cognitive techniques*

Remind yourself about negative consequences. Think about how your money could be better spent. Remind yourself sometimes people win at gambling, but the system is designed for you to lose. Remind yourself of positive consequences of not gambling. Compare costs and benefits of continuing to gamble.

- *Independence of Turns exercise*
- *Understanding randomness*
- *Irrational thoughts and beliefs about gambling*

- *CBT techniques*

Review Irrational ideas about gambling. Discuss the Gambler's Fallacy. Determine examples of Attributional Biases.

- *Downward arrow*

Functional Analysis to understand triggers and develop coping strategies

Be able to define Gambler's Fallacy

Overall, CBT techniques that address cognitive distortions, triggers, cravings, and urges with new ways to cope.

 

## *Client and family education*

- *Mental health disorder that can be a chronic disorder with times of relapses*
- *How to identify reinforcement strategies that support recovery-oriented behaviors and allow natural consequences of gambling behaviors*
- *Help family/concerned others understand biopsychosocial/spiritual risk factos model*
- *Ways to develop personal and financial safety*
- *Answering questions of family*

## *Family/concerned others interventions*

- *Financial strategies to protect family resources from problematic gambling*
- *Seeking help for themselves*
- *Importance of self-care and limit setting*
- *Couples and marriage counseling*

## *Individual Counseling*

- *Implementing strategies specific to gambling*
- *Address other interpersonal issues*
- *Gambling is the tip of the iceberg approach*

## *Group Counseling*

- *Benefits of others in a group setting for support and understanding*
- *How to conduct a group of multiple addictions*

## *Family/Significant Others*

- *Addressing their concerns and needs*
- *Including in therapy process*

Effect on the family

- Depression
- Anxiety
- Physical Illness
- May have own addictive behaviors
- Financial Distress
- Isolation
- Negative job impact

 

- Suicidality

## *Treatment Planning*

- *Harm reduction vs abstinence*
- *Preventing access to continued gambling*
- *Financial aspect of treatment*
- *Person-in-environment approach*
- *When to refer for psychiatry consult*

## *Financial Management Issues*

*The most direct, immediate consequence is financial.*

A person with a gambling problem who stops gambling is left with debts.

unlike SUD, life may seem worse

and no hope of a windfall

Behavior/state of mind is not that different.

still preoccupied with money as solution to problems

"chasing" (trying to catch up or get even)

hustling, selling, trying to get people to give them money

may be dependent upon a win-lose, all-or-nothing external event (sales)

Losses and debts are tangible, concrete, and quantifiable.

Easier to focus on money lost than other consequences, and to avoid acknowledging that there are other consequences.

Stigma Related to Money

- Money carries a negative social stigma.
- Talking about it is taboo. Those with a gambling problem force the conversation.
- It challenges the tradition of working hard, saving money, valuing what you have.
- People who waste or lose money are seen as irresponsible.
- A person with a gambling problem costs us money and may steal from us.

 

Real Money and Gambling Money (adapted from Taber, 2001)

- Gambling money cannot be used for anything but gambling
- Once money undergoes a cognitive conversion into gambling money it is never converted back to real money
- Gambling money is never really "lost"
- All accidental or unexpected income is automatically converted to gambling money: a gift from lady luck needs to be spent in her worship
- Real money coming as loans from others immediately becomes gambling money
- When does $20 equal $20?

Talking about Money

- Why is it so hard to talk to clients about money and why is important to do it?
- How do money, money problems, and money management fit into therapy?
- How far should a therapist go in making suggestions about money issues to their clients?
- How does talk about money issues fit into crisis management and ongoing counseling?

### *Restitution*

- *How to develop and monitor*
- *Develop as part of financial treatment planning*

### *Budget Preparation*

- *What/How to include in a budget*
  - *Clarify Debt*
  - *Identify Expenses*
  - *Identify/Predict Income*
  - *Create Budget*
  - *Debt Repayment Plan*
  - *Money Protection Plan*
- *How to monitor*
- *Who provides oversight and accountability*

### *Money protection planning*

- *Answer these questions:*
  - *How will I safeguard my money from my gambling?*
  - *Who can help me?*
  - *To whom will I be accountable?*
- *Helping family/spouse/partner to have protection from further financial devastation*
  - *Consider Gender, Safety Issues, Family Dynamics, and Cultural Issues*

### *Pressure Relief Group through GA*

- *When to refer to GA and why*
- *How to refer and expectations*

### *What makes a good financial plan?*

- All parts of the financial planning process covered
- A person recovering from a gambling problem and his/her family are committed to using it
- All involved understand roles and responsibilities
- Realistic and supports recovery goals
- No bailouts—support only with accountability
- It is clear and committed to writing

## *Legal Issues*

- *The 5Rs of report writing*
  - *Remorse*
  - *Repentance*
  - *Restitution*
  - *Recovery*
  - *Rehabilitation*
- *Before, During and After Legal System involvement*
  - *Consents*
  - *Attorneys*
  - *Probation and Parole involvement*
  - *Court ordered to treatment*

- *Multi-cultural Counseling*
  - *Attending to cultural beliefs and needs in therapy*
  - *Understanding the role of culture in recovery*
  - *Understanding cultural meaning and role of gambling*
  - *DSM5 cultural formulation*
  - *Understanding explicit and implicit biases of health care system and the counselor*
  - *Understanding cultural strengths and resources*

# Relationship to Substance Misuse and Mental Health

## Addiction Overview

**American Society of Addiction Medicine (ASAM)**

**Addiction is:**

- *a primary, chronic disease of brain reward, motivation, memory, and related circuitry*
- *characterized by: inability to consistently abstain; impairment in behavioral control; craving; diminished recognition of significant problems with one's behaviors and interpersonal relationships; a dysfunctional emotional response*
- *involves cycles of relapse and remission*
- *is progressive and can result in disability or death without treatment*

**Brain Biology**

**Motivational neural systems and addiction**

- *addiction affects neurotransmission and interactions within reward structures of the brain in the mesolimbic system*

**Mesolimbic System**

- *reward pathway which is dopaminergic (releasing or involving dopamine as a neurotransmitter)*
- ***nucleus accumbens*** *– operation is based on dopamine and serotonin. Plays a role in reward, desire, and placebo effect.*
- ***anterior cingulate cortex*** *– involved in cognitive functions such as empathy, impulse control, decision making*
- ***basal forebrain*** *– involved in information processing. Damage is associated with attentional impairments.*
- ***amygdala*** *– responsible for detecting fear and preparing for emergencies. Important in having motivation concentrate on selecting behaviors associated with previous euphoric/dysphoric experiences. Plays a role in emotion.*
- ***hippocampus*** *– important in memory of previous euphoric/dysphoric experiences. Plays a role in memory formation.*

**Frontal Cortical Systems**

 

- ***dopamine*** *is transported from the Ventral Tegmental Area (VTA) to the nucleus accumbens, amygdala, and hippocampus. Plays a role in reward and reinforcement as well as desire*
- ***serotonin*** *– plays a role in behavior initiation and cessation, satiety, and inhibition*

**Brain biology facts of addiction**

- *motivational hierarchies are altered and addictive behaviors supplant healthy, self-care related behaviors*
- *affects interactions between cortical, hippocampal and brain reward structures*
- *memory of previous exposures to rewards leads to a biological and behavioral response to external cues. This triggers craving and/or engagement in addictive behaviors.*
- *problems delaying gratification originate in the frontal cortex.*
- *early substance exposure (or gambling) during adolescence and young adulthood greatly affect frontal lobe development.*

**Three factors that impact addiction**

1) *genetic factors – account for approximately ½ of the likelihood that an individual will develop addiction*
2) *environmental factors – interact with a person's biology and affect extent of role of genetic factors' influence*
3) *resiliencies – acquired through parenting or later life experiences. Can affect genetic predispositions and development of addictions. Culture also impacts how addiction is actualized*

**Bio-Psycho-Social-Spiritual manifestations in addictions**

1) *presence of an underlying biological deficit in the function of reward circuits*
2) *repeated drug use or other addictive behavior leads to neuroadaptation in motivational circuitry*
3) *cognitive and affective distortions impair perceptions and result in significant self-deception*
4) *disruption of healthy supports/interpersonal relationships impact development of resiliencies*
5) *exposure to trauma/stressors that overwhelm coping abilities*
6) *distortions of meaning/purpose/values that guide attitudes/thinking/behavior*
7) *distortions in a person's connection with self and others*
8) *presence of co-occurring psychological disorders*

**ABCDE of addiction**

 

- ***A*** *– inability to* ***abstain***
- ***B*** *– impairment of* ***behavior control***
- ***C*** *–* ***craving***
- ***D*** *–* ***diminished recognition*** *of significant problems*
- ***E*** *– a dysfunctional* ***emotional response***

**Behavioral changes in addiction**

1) *Increased use at higher frequencies/quantities than intended with decreased success at behavioral control*
2) *Increased time in or recovering from behavior with significant adverse impact on social and occupational functioning*
3) *Continued behavior despite problems exacerbated by behavior*
4) *Narrowed behavioral repertoire focusing on rewards*
5) *Lack of ability/readiness to take action*

**Cognitive changes in addiction**

1) *Preoccupation*
2) *Altered evaluations of benefits/detriments associated with behavior*
3) *Belief that problems are attributed to causes other than addiction*

**Emotional changes in addiction**

1) *Increased anxiety, dysphoria and emotional pain*
2) *Increased sensitivity to stressors*
3) *Difficulty identifying feelings and distinguishing between feelings and the bodily sensations of emotional arousal*

## *Relationship between problem gambling and substance use disorder*

1) High rates of co-occurrence
2) *Similar clinical courses*
    - *Increased rates in adolescence; decreased rates in older adults*
    - *Telescoping pattern in women (progresses quickly in later life)*
3) *Similar clinical characteristics*
    - *Tolerance, withdrawal, repeated attempts to cut back or quit*
    - *Urges and craving states*
4) *Similar biology*
    - *Genetic contributions; neural circuits*
5) *Similar treatments*
    - *Self-help; CBT; MI; naltrexone (modulates dopamine transmission in reward pathway); other medications*

 

## Client Care

### *Crisis Management*

- *Identification*

  Always screening for suicide and completing suicide risk assessment

  Helpline or mobile crisis services available if client is suicidal

- *Resolution*

  Determining right level of care; also getting family/partner/spouse into care

### *Referral resources and case management*

Understand and articulate when clients need to be referred for gambling specific treatment or other specialized treatment.

### *Consultation*

Determine who are the right professionals to consult and share PHI to help the client. Determine who has more expertise in dealing with disordered gambling and can help determine treatment planning, financial protection, and other individual needs.

### *Levels of Care and ASAM Criteria*

These levels of care provide a standard nomenclature for describing the continuum of recovery-oriented addiction services. Using ASAM allows the clinician to appropriately match treatment services to the disordered gambler's treatment needs.

- *Adult Levels of Care*
  - *Level 0.5 – Early Intervention*
  - *Level 1 – Outpatient Services included Opioid Treatment Program (OTP)*
  - *Level 2.1 – Intensive Outpatient (IOP)*
  - *Level 2.5 – Partial Hospitalization (PHP)*
  - *Level 3.1 – Clinically Managed Low-Intensity Residential*
  - *Level 3.3 – Clinically Managed Population-Specific High-Intensity Residential*
  - *Level 3.5 – Clinically Manage High-Intensity Residential*
  - *Level 3.7 – Medically Monitored Intensive Inpatient*
  - *Level 4 – Medically Managed Intensive Inpatient*

**Table 4. ASAM Patient Placement Criteria Levels of Service**

| Level | Service |
|---|---|
| Level 0.5 | Early intervention<br>Assessment and education |
| Level 1 | Outpatient services<br>Adult: <9 hours of service per week<br>Adolescent: <6 hours of service per week |
| Level 2 | Intensive outpatient (IOP)/partial hospitalization services (PHP)<br>Adult: >9 hours of service per week<br>Adolescent: >6 hours of service per week<br>PHP: 20 or more hours of service per week |
| Level 3 | Residential inpatient services<br>24-hour structure with trained counselors |
| Level 4 | Medically managed intensive inpatient services<br>24-hour nursing care and daily physician care, counseling available |

Source: American Society of Addiction Medicine. An Introduction to the ASAM Criteria for Patients and Families [Brochure]. 2015.

- *Six Dimensions*
    - *Acute intoxication/withdrawal potential*
    - *Biomedical conditions and complications*
    - *Emotional, behavioral, or cognitive conditions and complications*
    - *Readiness to change*
    - *Relapse, continued use or continued problem potential*
    - *Recovery/living environment*
    - *Financial (added for problem gambling)*

- *Difficulties Related to Treatment*
    - *There is no such thing as chance or luck*
    - *Viewing games of chance as games of skill*
    - *Believing in the idea of control*
    - *Gambling is exciting*
    - *Refusing to change thoughts*
    - *Tardiness, absences, missed appointments*
    - *Lying during therapy*
    - *Lack of cooperation*
    - *Depression and suicidal ideation (SI)*
    - *Financial issues*
    - *Shame*

## *Peer Counseling and Recovery Support Systems*

Depending on treatment setting, peer specialists may be available (VA system)

Importance of having peers and recovery supports in early recovery

# Education

## *Orientation to treatment and recovery*

Professional approach to provide evidence based treatment interventions; education about eclectic approach with theories and understanding of recovery as a process where relapses may be part of the recovery process.

## *Problem Gambling Information*

- *Develop ways to provide problem gambling information to clients seeking help for something other than gambling*
- *Consider discussing all at-risk behaviors including:*
  - *Cross Addiction*
  - *Substituting gambling for chemicals*
- *Include information about problem gambling in bathrooms, waiting areas, and on the back of other educational fliers*

## *Co-Occurring Disorders*

### *Screens and Assessments*

Screens for Depression (PHQ-9) and Anxiety (GAD-7)

### *Psychopharmacology and Medication*

- Limited research of efficacy of medications past 6 months
- Caution about dopamine agonists such as ReQuip and Mirapex that can cause excessive gambling
- Caution about Abilify with FDA warning signs
- Importance of working with PCP or Psychiatrist and being honest about gambling problem for properly treating the whole person

| **Neurotransmitter** | **Role in Impulse Control** |
|---|---|
| Norepinephrine (NE) | Arousal, excitement |
| Serotonin (5HT) | Behavior initiation and cessation |
| Dopamine (DA) | Reward, reinforcement |
| Opioids | Pleasure, urges |

### *Medical*

- Importance of addressing medical issues that have been neglected due to problematic gambling.
- *At risk gamblers are more likely to be diagnosed with hypertension, ER treatments, experience an injury, and be obese*
- *Medications for Parkinsons and Restless Leg Syndrome (Mirapex, Requip) can cause or contribute to disinihibited gambling*
- *Abilify (antipsychotic used in treatment schizophrenia, depression and bipolar disorders) has also been found to exacerbate problem gambling behaviors*

### *Problem Gambling and Substance Use*

- Past Year Use / Participation Comparison (Barnes et al 2015)
- Gambling (79%), Alcohol (67%), Tobacco (28%) and Marijuana (11%)

### *Problem Gambling and Mental Health*

- Review training materials to understand the importance of mood disorders, personality disorders, and other mental health diagnoses that can impact treatment outcomes.

## *Self-Help Programs*

### *Gamblers Anonymous (GA)*

**The Twelve Steps of GA**

1) ***We admitted we were powerless over gambling – that our lives had become unmanageable.***
    - *gambling is an "emotional illness, progressive in nature, which no amount of willpower can stop or control"*
    - *honesty is key when looking at gambling*
    - *"our foundation can only be as strong as our continued belief that we are powerless"*
2) ***Came to believe that a power greater than ourselves could restore us to a normal way of thinking and living.***
    - *GA views itself as a "spiritual recovery program" which develops a practice of kindness, honesty, generosity, and humility which leads to a belief in a higher power*
3) ***Made a decision to turn our will and our lives over to the care of this power of our own understanding.***

- *surrender – "Through GA we are bound together. We are truly part of one another. This spiritual binding cannot be explained so it seems a higher power is at work."*
- *love of money is a major problem when most people come to the program*

***4) Made a searching and fearless moral and financial inventory of ourselves.***

- *inventory step – "Trust your higher power then clean house."*
- *most compulsive gamblers cover their guilt with rationalization*

***5) Admitted to ourselves and to another human being the exact nature of our wrongs.***

- *best to complete step 5 shortly after step 4 so it's fresh*
- *read step 4 to a trusted person*
- *self-honesty increases while guilt decreases*
- *"I am a human being."*

***6) Were entirely ready to have these defects of character removed.***

- *turning point in recovery program*
- *"defects are really disturbances to serenity"*
- *character defects include: anger, conceit, dishonesty, egotism, fear, hatred, inadequacy, laziness, procrastination, remorse, selfishness, and worry*

***7) Humbly ask God (of our understanding) to remove our shortcomings.***

- *ask a higher power to remove character defects on a daily basis*

***8) Made a list of all persons we have harmed and became willing to make amends to them all.***

- *make a list of people with whom to make amends*

***9) Make direct amends to such people wherever possible, except when to do so would injure them or others.***

- *make amends in person where possible*
- *look into pressure relief if needed*

***10) Continued to take personal inventory and when we were wrong, promptly admitted it.***

- *continued daily personal inventory*
- *progress, not perfection*
- *the ability to cope is the most valuable reward*
- *helps one see personal growth and accomplishments are made*
- *admit when we are wrong*

***11) Sought through prayer and meditation to improve our conscious contact with God as we understood him, praying only for knowledge of his will for us and the power to carry that out.***

- *prayer and meditation daily*
- *keeps ego in check*
- *beginning of maintenance phase*

***12) Having made an effort to practice these principles in all our affairs, we tried to carry this message to other compulsive gamblers.***

 

- *give to others through your own working of the 12 steps*
- *put forth the effort and try to carry the message of the 12 steps*

**Gamblers Anonymous Facts**

- *founded January 1957 – two men "concluded from their [monthly] discussions that in order to prevent relapse it was necessary to bring about certain character changes within themselves"*
- *first meeting was held on 09/13/1957 in Los Angeles, California*
- *GA is abstinence based*
- *almost word-for-word to Alcoholic Anonymous 12 steps*
- *from the GA website – The 12-step program is fundamentally based on ancient spiritual principles and rooted in sound medical therapy. The best recommendation for the program is the fact that "it works."*

  - *Gam-Anon*
    Determine when family members could benefit from the information and support provided by Gam-Anon. Make sure you are familiar with local meetings and even have a contact.
  - *SMART Recovery*
    This is an alternative to 12-Step and have a 4-Point approach to problem solving people's individual issues.
  - *Faith-based self-help programs*
    Many people may benefit from support groups that exist at their place of worship, as they need the faith-based connection as part of their recovery program.
  - *Celebrate Recovery ®*
    *This program was developed within the Christian Church to actively provide supports for anyone's hurts, pain or addiction through a Christ-Centered 12-Step recovery program.*

## *Research Neurobiology, medication and psychopharmacology*

Losses disguised as Wins: Near Misses

- Light up reward circuitry the same as wins
- Rated as unpleasant but simultaneously rated desire to continue the game as higher after near miss
- Subjects play machines with near misses longer than those without

Near Misses and Gambler's Fallacy

 

- Study of brain damaged patients
- All groups except those with insula damage reported heightened motivation to play following near miss.
- Also, on roulette games involving red and black predictions all groups fell prey to gambler's fallacy except those with insula damage.

ADHD as Heightened Risk

- Growing evidence that ADHD is a dysfunction in the brain's regulatory systems that manifests as a deficit in behavioral dysregulation
- This dysregulation is mediated by deficits in the prefrontal cortex
- These deficits in prefrontal cortex contribute to disorders likely related to self-regulation, including drug abuse and problem gambling

(Barkley, 1997; Martin et al., 1994)

*Treatment*

Evidence-based, peer-reviewed research continues to show that many people are impacted by gambling disorders. Professionals need to stay up to date with current research regarding gambling disorders, but also need to evaluate the efficacy in applying to clinical practice. Most research is not generalizable to clinical practice and you need to review a large enough body of research that all concludes the same or similar information before applying to clinical practice.

*Co-occurring disorders*

Research continues to show that certain disorders are often found together with gambling. ADHD, SUD, Depression and Anxiety are the most common co-occurring disorders that appear in numerous research studies. Other disorders may also exist with a gambling disorder but may not be easily applicable across age, race, and cultural.

List of medications that have been studied

- *Anti-depressants*
- *Mood stabilizers*
- *Anti-psychotics*
- *Opioid antagonists*
- *N-acetyl cysteine*
- *NMDA antagonists (memantine)*
- *COMT inhibitors (tolcapone)*

 

Opioid Antagonists: Naltrexone

The mu-opioid system underlies **urge regulation** through the processing of reward, pleasure and pain, at least in part **via modulation of dopamine neurons** in mesolimbic pathway through GABA interneurons.

## Continuing Care

The importance of continuing care requires professionals to determine what clients need after they have successfully completed treatment goals related to their gambling problems. Types of continuing care include PCP appointments, psychiatry appointments or follow-up appointments for medication management, and even whether relationship or family counseling should be considered.

**Medical and/or Psychiatric Appointments**

Self-care is often not a priority among disordered gamblers. Disordered gamblers often experience periods of anxiety and depression, even to the point of suicide. As part of continuing care, clinicians should continually assess the need for medical and/or psychiatric evaluations.

**Medication Assisted Treatment (MAT)**

Antidepressants and mood stabilizers may help problems that often go along with disordered gambling — such as depression, OCD or ADHD. Some antidepressants may be effective in reducing gambling behavior. Medications called narcotic antagonists, useful in treating substance misuse, may help treat disordered gambling.

Many medications have been studied in the treatment of gambling disorder. To date the only medications that have consistently been found to directly address gambling cravings and behaviors are opioid antagonists such as Naltrexone. Other medications may be addressing the co-occurring symptoms frequently found with gambling disorder.

**Relapse Prevention**

The goal of relapse prevention approaches is to identify the situations that put the person at high risk of relapse and increase their ability to cope with them. In disordered gambling, these approaches are implemented once the disordered gambler begins treatment.

Utilizing different therapies, e.g., CBT have been found to help disordered gamblers manage their gambling urges, be assertive when feeling pressured to gamble and cope with gambling triggers. Additionally, engaging in recreational activities that are meaningful and increase their interaction with others, filling the void with healthy activities and continuing in self-help group participation are also very important for the disordered gambler.

**Alumni Participation**

Conduct “alumni meetings” for graduates of your program. In addition, attempt to engage disordered gambling clients who are celebrating an anniversary. These types of activities often can encourage continued abstinence and recovery.

# Special Issues in Gambling Treatment

Problem Gambling Treatment Considerations:

- Acknowledge **relevancy** of racial identity, racism, classism, and other "isms" in life of clients
- Consider **your own cultural identity/ies** and potential conflicts in treatment (positive and negative)
  (Helms & Cook, 1999; Brooks, Haskins, & Kehe, 2004)

Treatment and Outreach (Knowledge and Skills)

- Emphasis on ecological validity

Advocate and deliver treatment in the community

- Emphasis on multi-problem approach

Service deliverers are charged with recognizing and responding to a ***range*** of presenting needs

Clinicians must assume many roles—teacher/therapist/advocate

- Use paraprofessionals

One of the best ways to use indigenous resources (June & Black, 2002; Haskins, 2011)

Race, Socioeconomic status and gambling

*"One of the most highly charged issues in America."* (Liu & Pope-Davis, 2004)

- Influence on help-seeking, dynamics between mental health counselor and client
- Influence on individual's identity

*CONSISTENT FINDING WORLDWIDE:*

- *The most marginalized economic and cultural groups have highest rates of problem gambling.*

Research Summary:

- Neighborhood disadvantage significant factor overall (Welte, Barnes, Tidwell, & Wieczorek, 2017)
- African Americans, Hispanic, Native Amer/Alaska Native higher rates of problem gambling. Stronger association of subsyndromal gambling and Axis I and II disorders. (Barry, Stefanovics, Desai, & Potenza, 2011, Jan–Feb; Barry, Stefanovics, Desai, & Potenza, 2011, March; Kong, Smith, Pilver, Hoffa, & Potenza, 2016)

- Neighborhood disadvantage significantly greater effect on overall gambling, frequent gambling, and problem gambling for Native Americans than rest of U.S. population (and other ethnic groups). (Barnes, Welte, & Tidwell, 2017)

## Adolescence

Teenagers and young adults are natural risk takers. Frontal lobe development, or lack thereof, makes judgment calls "iffy" and cause impulse control issues.

If a teen is doing music or sports or academics, **those are the cells and connections that will be hardwired**. If they're lying on the couch or playing video games [or online poker], those are the cells and connections that are going to survive.

Data on Youth Gambling:

There is limited data on the prevalence of gambling among youth

There is a wide degree of variability in the data available

Research Summary:

- Problem and pathological gambling have a number of concomitant negative personal, familial, social, economic and health consequences.
- Prevalence rates in the U.S., Canada, Australia, New Zealand, and the U.K. indicate about 80% of underage youth report gambling during the past year. (Rossen, Butler, & Denny, 2011)
- 4–6% experience severe problems and 10–15% are at risk for the development of a severe gambling problem. (Rossen, Butler, & Denny, 2011)
- Historically, prevalence rates of adolescents with a gambling problem have been greater than those of adults, but new research is needed to determine current prevalence rates.
- Adolescents with a gambling problem report beginning gambling at earlier ages, about 10 years of age.
- "Existing evidence suggests that many gamblers start gambling at a relatively young age and that the onset of this behavior is strongly influenced by peer and family influences." (Delfabbro & Thrupp, 2003)
- Adolescents move rapidly from social gambler to problem gambler and report early gambling in the home and with family.
- Gambling is more popular among males and more males experience problem gambling.
- "Through involvement in gambling, young people learn that gambling is an acceptable social past-time (which is problematic in itself) and also how to gamble." (Richard, Blaszczynski & Nower, 2013, p. 80)

 

Warning Signs of Adolescent Problem Gambling

- "Chases" losses frequently (returns to gambling activities to win back money lost)
- Has growing debts
- Promises to cut back on gambling
- Boasts about winning
- Prefers gambling to other activities
- Seeks to gamble with friends and/or parents
- Appears "spaced out" (dissociative reactions) while gambling
- Repeatedly seeks new places and venues to gamble
- Shows an interest in parent's or sibling's gambling
- Asks parents to place bets for them
- Is a high frequency video game player, especially enjoying computer/video simulated gambling type games
- Repeatedly seeks activities that produce a "high" (physiological arousal)
- Has been involved in borrowing or stealing money and can't remember what the money was spent on
- Appears nervous when observed sports events on television. Carries excessive amounts of cash

## Older Adults

- Senior citizens are the **fastest growing age group** in America
- Older adults now form the largest group of **annual visitors to Las Vegas** (Las Vegas Convention and Visitors' Authority)
- In studies with **national samples**, older adults were found to be less likely to have a gambling problem than other age groups. (National Gambling Impact Study Commission, 2007)

Why focus on older adults?

- Baby boomers
- Easy access to facilities
- Important market for gaming industry

- Opportunity and time

Older Adults with a gambling problem

- Distinct **subgroups**
- **Late onset**: gambling problems begin around age 60
- Gambling tied to **situational factors** in middle age
- **Non-strategic** forms of gambling
- **Rapid escalation**, especially with women
- **Fear of suicide** primary reason for seeking help and self-exclusion

*Older women are participating in gambling activities in increasing numbers.*

- **Often triggered by feelings**
  (e.g., being bored, feeling sad/lonely) (Grant & Kim, 2002)
- **Have a later age of onset**
  (women: 54.8; men: 33.2) (Petry, 2002)
- **Reach problematic levels of gambling faster**
  (women: 5.6 years; men: 16 years) (Petry, 2002)
- **Enter treatment sooner**
  (women: 4–5 years; men: 11 years) (Petry, 2002)

Reasons Older Adults Gamble

- Disposable income
- Opportunity and availability
- Tradition
- Excitement
- Boredom
- Forget problems
- Relief from caretaking
- Limited recreational alternatives
  (physical limitations, social limitations)

- Loneliness and/or depression
- Loss of spouse/friends/family
- Adjustment to new location
- Relieves physical pain
- Supplement income
- To be of value
  (illusion of generativity)
- Targeted by the gambling industry as a lucrative market (Singh, Moufakkir, & Holecek, 2007)

Role of the PCP

- Older adults with a gambling problem **may seek help from their physician (PCP)** for gambling-related complaints (Fessler, 1996)
- PCP is challenged with **task of identification and treatment**

## Gender

### *Women*

Women have been largely invisible in problem gambling research.

- Most research based on samples of males with a gambling problem
- Too few females included to determine if differences exist
- Widespread assumption that what holds true for men will also hold true for women

Understanding Women's Gambling

- Social roles are important

Acceptability is as important as availability

- Characteristics of gambling venues are important

Flexible hours

Local availability

Low price of participation

Clean, attractive locations

Physical safety

Availability of childcare

Females with a Gambling Problem: Reasons for Gambling
(Boughton & Falenchuk, 2007) n = 364

- *Mood Management, Stress Relief and Autonomy/Freedom*

## Cultural Minorities

Why does cultural attunement matter in problem gambling awareness/treatment?

- Less than 10% ever seek problem gambling treatment (NCPG.org)
- Culturally diverse communities rely on their own natural ecosystems (Boyd-Franklin, 2013; Harvey, 1996; Haskins, 2011; Haskins, 2014; Haskins, In Press; Brooks, Haskins, & Kehe, 2004)

Cultural Competence Definition (SAMHSA.gov)

- Ability to interact effectively with people of different cultures
- Helps to ensure the needs of all community members are addressed
- In practice, both persons and organizations can be culturally competent.
- Culture must be considered at every step of the Strategic Framework.
- Goes beyond just race or ethnicity and can refer to age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession

Barriers to Care

- Language
- Immigration status
- Unfamiliar forms of healing and treatment
- Mistrust of “white” intrusions
- Mistrust of agencies which have been oppressive (e.g., police, ICE, foster care systems, educational systems)
- Level of acculturation (age/gender)
- Shame
- Lack of insurance and finances to pay

Accessibility of treatment venues

 

## Relapse and Relapse Prevention

- Relapse doesn't have to be a part of Recovery
- Problem and Disordered Gambling has a high rate of relapse because:
    - Gambling is so socially acceptable
    - Gambling is everywhere
    - It has less awareness about risks than alcohol

Relapse Prevention requires understanding warning signs, access to gambling, access to money, and effectively coping with boredom and idle time.

## Suicide

- About 19% of those with a gambling problem have made a suicide attempt. (DSM-5)
- Being direct when talking with clients about their thoughts of suicide and death is uncomfortable. However, you must **overcome this discomfort**, as it may lead a counselor to ask a guaranteed conversation-ending question, such as "You don't have thoughts about killing yourself, do you?"
- Discomfort can also lead counselors to avoid asking directly about suicidality, which may convey uneasiness to the patient, imply that the topic is taboo, or result in confusion or lack of clarity.
- Instead, counselors can learn to ask, **"Are you thinking about killing yourself?"** or **"Are you thinking about ending your life?"**(Center for Substance Abuse Treatment, 2017)
- People who gamble excessively experience higher rates of suicide.
    - Research shows a strong link between gambling disorder and both suicidal ideation and attempts.
    - The risk increases in people who have co-occurring mental illness or substance use issues.
- More than 21% of those with a gambling problem in Oregon treatment in 2007 had suicidal thoughts, and more than 7% had attempted suicide.
- A Nova Scotia study listed problem gambling as a factor in 6.3% of suicides. (Hayward & Colman, 2004)

## Trauma and Survivors Issues

- Trauma is linked to an increase of at-risk gambling, as well as a number of other behavioral, mental, and physical health issues

- It is important to practice trauma-informed care and recognize that gambling may serve a purpose in coping with traumas.

Childhood trauma and Problem Gambling

- Men with gambling addictions are more likely than their peers to have **endured childhood traumas** like physical abuse or violence at home.
- Compared with men who rarely if ever placed wagers, the men with a gambling disorder were more than twice as likely to have **witnessed violence at home** or to have experienced physical abuse or assault growing up. They were also more than three times as likely to have suffered a serious or life-threatening injury as kids.
- About 10% of those who have compulsive or problem gambling also experienced **physical abuse** or assaults as children.
- This doesn't mean, however, that every person with a traumatic childhood will grow up to become a compulsive gambler. (Roberts, Sharmana, Coid, Murphy, Bowden-Jones, Cowlishawe, et al., 2017)
- A study by the National Institutes of Health found that **80%** of people who reported being the victims of domestic violence by their partner said that the partner had a problem such as compulsive gambling or alcohol abuse.
- **Children of those with a gambling problem** are 2 to 3 times more likely to be abused by a parent than their peers.

**PTSD and Rates of Problem Gambling**

In clinical and community samples of individuals with gambling disorder:

- *17% (Westermeyer, Canive, Garrard, Thuras, & Thompson, 2005)*
- *19% (Lederwood & Milosevic, 2015)*
- *24% (Toneatto & Pillai, 2016)*
- *34% (Ledgerwood & Petry, 2006)*
- *41% (Taylor & Sharpe, 2008)*

## Chronic Illness

Serious Mental Illness and Gambling Disorder

- **19% of individuals in treatment with diagnosis of schizophrenia or schizoaffective disorder** met criteria for problem or pathological gambling
- PG associated with **depression, alcohol use problems, greater legal problems and higher utilization of MH treatment** (this associated with recreational gambling as well)

(Desai & Potenza, 2009)

Among adults diagnosed with psychotic disorders in an Australian sample:

- *4% low risk gambling*
- *6% moderate risk*
- *6% disordered gambling*

(Haydock, Cowlishaw, Harvey, & Castle, 2015)

With PG, comorbidity is the rule, not the exception. (Petry, Stinson, & Grant, 2005)

- *~75% have a history of an alcohol use disorder.*
- *~40% have a history of a substance use disorder.*
- *~60% have a history of nicotine dependence.*
- *~50% have a history of a mood disorder.*
- *~40% have a history of an anxiety disorder.*
- *~60% have a history of a personality disorder.*

## Criminal Justice

Most individuals with a gambling disorder do not engage in criminal behavior.

- Those who do may be involved in:

Theft

Embezzlement

Fraud

- Some may find themselves in court because of:

Domestic violence

Child support and custody issues

Possession of illegal substances

Bankruptcy/financial problems

Mitigating circumstances have been used in successfully in:

- disbarments, tax cases, bankruptcies
- divorce, civil cases
- criminal cases (embezzlement, bad checks, larceny, forgery, etc.)

- personal injury claims
- against casinos

## Military

- The DOD or its subcontractor operates about 3,500 slot machines on bases around the world.
- Problem gambling was estimated at **8.1% among veterans** while it is 3.9% among the civilian population. (Bray et al., 1998)
- Pathological gambling was **2.2% in veterans** and 1.6% in the civilian population.

*"The ready availability of gambling opportunities for those in the military, coupled with a lack of treatment options, screening, and prevention programs, and the military's elevated rates of pathological gambling necessitate greater attention to the problem." (Emshoff, Gilmore, & Zorland 2010)*

Westermeyer, Canive, Garrard, Thuras, and Thompson (2005) surveyed **1228 American Indian and Hispanic American Veterans** in the southwest and north central region of the United States.

***Results:*** *10% of American Indian had a lifetime prevalence rate and Hispanic Americans had a 4% lifetime rate.*

Veterans with gambling problems have co-occurring disorders that include

- intimate partner violence
- post-traumatic stress disorder
- substance use disorder
- depression
- suicide (Emshoff, Gilmore, & Zorland, 2010)
- *Veterans with PTSD are 60 times more likely to have a gambling problem than the general population. (Biddle, Hawthorne, Forbes, & Coman, 2005)*

Of psychiatric hospitalized veterans,

- 28% were classified as problem gamblers
- 12% as pathological gamblers (Biddle, Hawthorne, Forbes, & Coman, 2005)
- Depression among the pathological gambling veterans has been as high as 76%. (McCormick, Russo, Ramirez, & Taber, 1984)

- Suicide attempts reported by 40% of veterans seeking treatment for gambling. (Kausch, 2003)

National Defense Authorization Act

- National Defense Authorization Act for Fiscal Year 2019 (NDAA) includes a provision requiring members of the Armed Forces to be screened for gambling addiction.
- Section 733 of the House Armed Services Committee Report 115-874 requires the Department of Defense (DoD) to incorporate medical screening questions specific to gambling disorder in the next annual periodic health assessment conducted by the Department as well as in the Health-Related Behaviors Surveys of Active-Duty and reserve component servicemembers. The Secretary of Defense is required to submit a report to Congress on the findings of the assessment and surveys in connection with the prevalence of gambling disorder among servicemembers.
- The DoD generates $100 million each year from the 3,141 slot machines on overseas bases. Slot machines have been outlawed on domestic military installations since 1951. The National Council on Problem Gambling estimates that as many as 56,000 active duty members of the Armed Forces meet criteria for gambling disorder.

## Stigma

Stigma has been identified as a major barrier to seeking help, treatment and recovery for individuals with problematic and disordered gambling. There is very little research to examine the cause, the depth and/or impact of stigma and GD. The secrecy of the disorder can impact effective screening and suicidality in early prevention and intervention.

Addressing the deep feelings of shame and how it relates to one's view of stigma and societal perspective is a helpful technique in engaging clients in care.

# Professional Issues (National / International)

## Law and Regulations

### *Client Rights*

- *Confidentiality as it pertains to Gambling Disorder*
- *Informed Consent*
- *Reporting (Mandated)*
  - *Child/Other Abuse*
  - *Duty to Warn*

## *Discrimination*

The Americans with Disabilities Act (ADA) does not cover Gambling Disorder as it does with Substance Use Disorders. Professionals must exercise caution when sharing confidential information with other agencies, regardless of a release of information (ROI) as individuals do not have the some protection. Consider the protections afforded with someone gets caught under the influence of alcohol while on the job. This does not equally cover gambling disorder.

## *Continuous Quality Improvement*

Professionals should exercise evaluative practice of their own clinical practice to ensure they are being effective at treating problem gambling. Many Code of Ethics for counseling professionals include not only providing satisfaction surveys, but evaluating the effectiveness of clinical interventions throughout the course of treatment.

## *Managed Care*

- *Utilization Review*
  Historically, insurance companies would deny insurance claims when Gambling Disorder was submitted as a primary disorder. Many professionals were trained to submit claims with depression or anxiety as a primary diagnosis. This resulted in insufficient and incomplete claims data and professionals were left without recourse for reimbursement. Many states would provide funding for gambling disorders because of the lack of insurance reimbursement. In current times, most commercial insurance companies in the US cover gambling disorder as a primary disorder. However, in the US, both Medicare and Medicaid still do not cover gambling disorder as a primary disorder.
- *Outcome Studies*
  In current times, there continues to be a lack of outcome studies for gambling disorders. If you scholar.google.com, you will not find many studies with results (outcomes) for health care or mental health care systems and the well-being of their patients/clients.

## Ethics as it pertains to IGCCB Standards (Review and compare to your licensing board ethics)

## Supervision

### *Administrative (insurance, billing, caseload composition, program & agency policy and procedure)*

Administrative supervision often occurs at your place of employment and you are advised on what and how to do things related to the operations of the agency.

### *Clinical (overall approach to each client in your care)*

Clinical supervision often occurs at your place of employment and it is about your overall approach to each client, not necessarily gambling specific.

### *Gambling Specific Consultation (adhering to best practices related to gambling disorders, often with a BACC or in peer supervision)*

Gambling specific supervision occurs when you seek consultation with an expert in the field of gambling disorders. The consultation is focused on all aspects of treating the client with a gambling disorder. This consultation does not provide agency-related recommendations or override any policies and procedures that must be followed at the place of employment.

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The International Gambling Counselor Certification Board has prepared a suggested reference list to assist in preparing for the International Certification Examination for Gambling Counselors. These references contain journals and textbooks which include information of significance to gambling counseling practice. Inclusion of certain journals and textbooks on this list does not constitute an endorsement by the IGCCB of specific professional literature which, if used, would guarantee candidates' successful passing of the certification examination.

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http://www.gamblersanonymous.org/ga/content/history Gamblers Anonymous history

http://www.gamblersanonymous.org/ga/content/recovery-program Gamblers Anonymous 12 steps

Gamblers Anonymous Working the Steps Pamphlet

https://pdfs.semanticscholar.org/246c/fa8ccfbb777034ba3aca9033b07af009301e.pdf Developing a Brief Problem Gambling Screen Using Clinically Validated Samples of At-Risk, Problem and Pathological Gambler

 

A chart of a Gambling Disorder and recovery : https://www.asam.org/docs/default-source/public-policy-statements/1definition_of_addiction_long_4-11.pdf?sfvrsn=a8f64512_4 ASAM Public Policy Statement: Definition of Addiction

https://www.ncpgambling.org/files/public/problem_gamblers_finances.pdf Problem Gamblers and Their Finances

Brain Biology and Co-occurring Disorders PGS power point slides (2010)

Current Gambling Trends and Strategies to Address Them PGS power point slides (5/14/2019)

Neurobiology of Gambling Disorder and Treatment Implications DMHAS power point slides (02/26/2016)

Gambling Awareness with Youth DMHAS power point slides (11/13/2015)

PGS Teens and Gambling Fact Sheet (undated)

Problem Gambling 101 PGS power point slides (undated)

An Integrated Model of Problem Gambling: The Pathway Model Maryland Problem Gambling power point slides (undated)

# SAMPLE TEST QUESTIONS

1. Which of the following is ***not*** a significant risk factor for problem gambling among Native Americans?

*a. Alcohol consumption (2 or more drinks per day)*
*b. Living in a disadvantaged neighborhood*
***c. Female gender***
*d. Impulsive personality traits*

Barnes, G. M., Welte, J. W., & Tidwell, M. C. O. (2017). Gambling involvement among Native Americans, blacks, and whites in the United States. *The American journal on addictions*, *26*(7), 713-721.

2. What activity has been referred to as the "crack cocaine" of gambling?

a. craps
b. poker
c. sports wagering
**d. slot machines**

Dowling, N., Smith, D., & Thomas, T. (2005). Electronic gaming machines: are they the 'crack-cocaine' of gambling?. *Addiction*, *100*(1), 33-45.

3. The Pathways Model of problem gambling states that:

*a. people move on a spectrum toward and away from problem gambling*
***b. there are three distinct sub-groups of problem gamblers.***
*c. gamblers who develop disorder all have specific traits in common.*
*d. all of the above*

Blaszczynski, A., & Nower, L. (2002). A pathways model of problem and pathological gambling. *Addiction, 97*(5), 487-499.

4. The "illusion of control" is an erroneous perception that:

*a. if you gamble long enough, you're bound to win.*
*b. if you barely miss a winning number you are more likely to win the next time.*

***c. it is possible to control the outcome of a chance wager.***

*d. none of the above*

Langer, E. J. (1975). The illusion of control. *Journal of Personality and Social Psychology, 32*(2), 311–328.

5. "Pressure relief" refers to:

***a. managing financial affairs with the help of people in GA***

*b. a payment plan to avoid jail and pay off casino debt*

*c. a credit counseling service*

*d. none of the above*

6. Which of the following is NOT an important aspect of Gamblers Anonymous membership:

*a. practicing acceptance as outlined in the Serenity Prayer*

*b. establishing a repayment plan*

*c. adopting the identity of a "compulsive gambler"*

***d. maintaining abstinence through maintaining control.***

 

# Exam Prep Questions

For many, practicing with exam questions that are similar in content and format, help to reduce the anxiety associated with test taking. Consider enrolling in the following prep course for more practice.

Visit: Evergreen Council on Problem Gambling:
https://www.evergreencpg.org/igccb-exam-prep-ecourse-program/

There is a fee for this e-Course.

# You've Got This!

## Don't Stress.

## Do Your Best.

## Forget the Rest!

## Thanks!

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