



COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

Level 1 Gambling Counselor Training

Council on Compulsive Gambling of Pennsylvania, Inc.
Josh Ercole, Executive Director

Jody Bechtold Gregory Krausz Lori Rugle, Ph.D.,
Consultant to CCGP Consultant to CCGP Consultant to CCGP

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Council on Compulsive Gambling of Pennsylvania

- CCGP is a non-profit advocacy organization whose purpose is to assist individuals in Pennsylvania who are experiencing gambling related issues
- We have operated the PA problem gambling Helpline since 1997, with funding from The Pennsylvania Lottery, our Casino Corporate Partners and DDAP
- We provide training programs, speakers, workshops, prevention and clinical training programs to community groups, professionals and treatment organizations



1-800-GAMBLER®
www.pacouncil.com

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Empathy

*Rarely can a response make something better...
...what makes something better is connection.*

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Expectations for the training...

- Attend EVERY session (for the whole time!)
- Participate in group/breakout discussions
- Please stay muted unless in sessions/asking question
- Cameras ON AT ALL TIMES
- Complete all activities & quiz/surveys
- Share info about what you learn with colleagues/friends/family
- **Have Fun!**

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Following the training, you will...

- Have a dramatically increased knowledge about problem and disordered gambling
- Do nothing at all (we hope not!)
- Become a Referral on the PA Helpline
 - Send your resume, certificate of liability insurance and contact info to CCGP
- Become certified in PA
 - [PA Certification Board](#)
 - Endorsement - Certificate of Competency in Problem Gambling
- Become internationally Certified
 - [International Gambling Counselor Certification Board \(IGCCB\)](#) 
 - Internationally Certified Gambling Counselor (ICGC-1)
 - 4 hours of participation on monthly BACC clinical calls
 - 100 hours of experience working with gambling clients
 - Exam (study guide will be provided at end of 30 hour training)
- Enter into a grant agreement with [DDAP](#)
 - Sole Practitioner or Agency (& staff)

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**How would
you
define gambling?**

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What is Gambling?

Dictionary.com

The activity or practice of playing a game of chance, or taking a chance, for money or some other stake, where there is a risk of losing that stake

Gambler's Anonymous

"Any betting or wagering, for self or for 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."

(Gambler's Anonymous, March 1994, Handbook)

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Problem Gambling

Continuum



Korn & Shaffer, 99

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Problem Gambling Prevalence

- Estimates indicate approximately 1-3% of the adult population of the US
- **This represents millions people in the US & hundreds of thousands in PA**

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DSM-5

DSM-5 released in May 2013

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DSM-5

- Moved to "Substance-Related Disorders" which was renamed Substance Related and Addictive Disorders
- So far, this is the only "behavioral" addiction included (hypersexual disorder in paraphilias; binge eating disorder in feeding and eating disorders)
- Renamed: **Gambling Disorder**

REMOVED one criteria from DSM-IV:
Have you committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling

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DSM-5

GAMBLING DISORDER

Progressive, 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 criteria in a 12 month period

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**Gambling Disorder:
DSM-5 Diagnostic Criteria**

- Preoccupation
- Tolerance
- Withdrawal
- Escape
- Lying
- Loss of Control
- Risky Relationship
- Chasing
- Bailout

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**Gambling Disorder:
DSM-5 Diagnostic Criteria**

- Gambling Behavior is not better explained by way of a manic episode.
- Scores:
Gambling Disorder - 4 or more of the 9 criteria

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Specifiers

- **Episodic:**
 - Met criteria at more than one time point with symptoms subsiding in between for several months
- **Persistent**
 - Continuous symptoms for multiple years
- **Early Remission:** no criteria for 3-12 months
- **Sustained Remission:** no criteria for 12 or more months
- **Severity**
 - Mild: 4-5 Criteria
 - Moderate: 6-7 Criteria
 - Severe: 8-9 Criteria

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Subtypes

Action

- Early Onset
- Narcissistic
- Games of Skill
- Competition/Power
- Winning Phase
- More likely to be male

Escape

- Later Onset
- Machine Games
(Slots/VP)
- Relief/Dissociation
- No Winning Phase
- Gender Bias?

(Lesieur, 1992)

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Subtypes: The Pathways Model

(Blaszczynski & Nower, 2002 / Nower et al. 2013)

Three Pathways - All share the same:

1. Access & Availability
2. Classical & Operant Conditioning
3. Habituation
4. Chasing

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Subtypes: The Pathways Model

Pathway 1: Behaviorally Conditioned

- Gambling often linked to learning & environment
- No pre-existing pathology
- May have early big wins, intermittent wins, enjoy excitement
- Factors combine to form a gambling habit
- Cognitive distortion contribute to habitual pattern
- Anxiety, depression, substance use likely secondary to gambling consequences

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Subtypes: The Pathways Model

Pathway 2: Psychologically Vulnerable

- Proposes that some individuals are emotionally vulnerable to problem gambling due to pre-existing psychological problems such as difficulty managing stress or dealing with crisis situation
- Gambling viewed as way to escape or potential solution
- Poor coping and problem solving due to negative family background experiences, inadequate role models or past trauma
- May suffer from anxiety, depression, become isolated/withdrawn
- Gambling may instill a sense of hope, increasing desire to gamble.

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Subtypes: The Pathways Model

Pathway 3: Antisocial/Impulsive

- Predisposing biological factors that contribute to problem gambling
- Likely history of wide range of impulsive behaviors from early age
 - May have difficulties concentrating and learning
 - May have history of attention deficit disorder
 - May be overactive with a need for a lot of stimulation
 - May do things on impulse without considering consequences
- The above behaviors point to biological disorders related to neurological deficits

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Progression of Gambling Disorder

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Factors Affecting Progression

- **Related to the Activity**

- **External Factors**

- **Internal Factors**

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Risk Factors – Limited Understanding

- Independence of Turns
- Chance vs. Skill
- Illusions of Control
- Randomness

Research by Dr. Robert Ladouceur

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Independence of Turns: Coin Toss



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Chance vs. Skill

- “What is the definition of **skill**?”
- “The more you practice, the better you will be”
- “What is the definition of **chance**?”
- “All unforeseen or unpredictable events over which a person has no control.”

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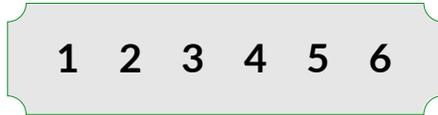
Recognizing Traps – Illusions of Control

- Slot Machines Illusions
- Lottery Illusions
- Bingo Illusions
- Blackjack Illusions
- Roulette Illusions
- Horse Racing Illusions

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Understanding "Randomness"

Which lottery ticket do you want?



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Do More People Drink Alcohol or Gamble?

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"Past Year" Gambling is More Prevalent than Drinking any Alcohol

- **All Adults**
 - Past Year Drinking = 60%
 - Past Year Gambling = 75%
- **Males**
 - Past Year Drinking = 62%
 - Past Year Gambling = 81%
- **Females**
 - Past Year Drinking = 57%
 - Past Year Gambling = 70%

Barnes et al. 2013

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Comparison to Substance Use

Past Year Use/Participation From U.S. Survey
(Barnes et al, 2015)

- **Gambling** **79.6%**
- Alcohol 67.6%
- Smoked Tobacco 28.7%
- Marijuana 11.2%

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Disorder Prevalence Comparison

Alcohol Use Disorder	6.4%
Gambling <small>(Welte et al, 2015)</small>	1.9%
Cannabis	1.6%
Opioid	.71%
Cocaine	.34%

2014 National Survey on Drug Use & Health

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Gambling Disorder: Comparison to Substance Abuse

Similarities

- Preoccupation & loss of control
- Both are often progressive
- Denial: problem resides outside of the person
- Continued behavior despite negative consequences
- Tolerance & withdrawal
- Self help groups & family involvement

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Gambling Disorder: Comparison to Substance Abuse

•Differences

- Unpredictable outcome
- Gambling is not self-limiting
- No biological test / easier to hide
- More intense sense of shame & guilt
- Intensity of family anger
- Less public awareness about gambling
- More widespread acceptance of gambling

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Consequences of Problem Gambling

- Poor health
- Mental health issues
 Depression / Anxiety / Etc.
- Potential Alcohol & Drug dependence
- Family arguments & high divorce rates
- Legal conflicts
- Bankruptcy
- Job loss & unemployment
- **Suicide (60% ideation / 20% attempt)**

(Kessler et al., 2008; Morasco et al., 2006; NORC, 1999; Rush et al., 2008)

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Self-Help Meeting/ Support Group Activity

www.pacouncil.com/ccgp30

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Gambling Counselor Training Week 1 – Session 2

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PROBLEM GAMBLING IN THE U.S. Addressing the Issue

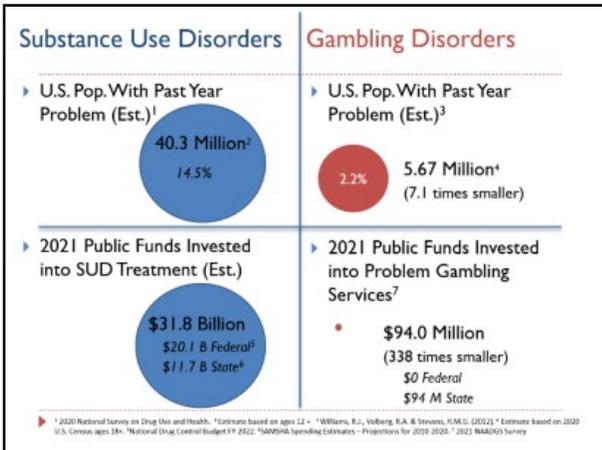
- 1957 - Gamblers Anonymous Begins in California
- 1960 - GamAnon Begins in New York
- 1972 - First Professional Treatment Program-V.A.
 - National Council on Problem Gambling
- 1979 - First State Funded Treatment Program - Maryland
- 1980 - American Psychiatric Assoc. - DSM III
- 1984 - NCPG begins Counselor Certification process
- 1994 - A.P.A. - DSM-IV

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PROBLEM GAMBLING IN THE U.S. Addressing the Issue

- 2000 - Association of Problem Gambling Service Administrators - APGSA
- 2001 - First year more than half of US states offered Problem Gambling funding - 26 states
- As of 2021, 42 of 50 US States provide some kind of funding for Problem Gambling
- Annual total of U.S. State Problem Gambling Spending - \$94.0M (PA ~ 6.7M)

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Treatment

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Gambling Treatment Availability: 2023

Treatment resources are quite limited

- Very Few Problem Gambling specific residential treatment programs in U.S.
(PA, LA, MN, AZ, OR, FL, MI, and V.A.-OH)
- There are currently very few gambling treatment programs for veterans/active military

Self-Help resources limited

- Approx. 60,000 AA meeting nationwide
- Approx. 1,200 GA meetings nationally

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Pennsylvania Problem Gambling Helpline

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Call • Chat • Text

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igccb.org



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Prevention

"A proactive process that promotes the well-being of people and empowers an individual, group, or community to create and reinforce healthy lifestyles and behaviors to meet the challenges, events and transitions of life"

(Substance Abuse & Mental Health Services Administration)

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Approach

Programs have generally addressed:

- Risk Factors
- Protective Factors
- *Based on obvious similarities between problem gambling and other problem behaviors*

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RESPONSIBLE GAMBLING

Customer Assistance Program
Training: 2023

Presented By
Josh Ercole
Council on Compulsive Gambling of Pennsylvania, Inc.



Helpline 1-800-GAMBLER

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Self-Exclusion Programs

The Office of Compulsive and Problem Gambling of the Pennsylvania Gaming Control Board has established and maintains the self-exclusion programs

Patrons may select to ban themselves, **VOLUNTARILY** for 1 year, 5 years or Lifetime

Features include:

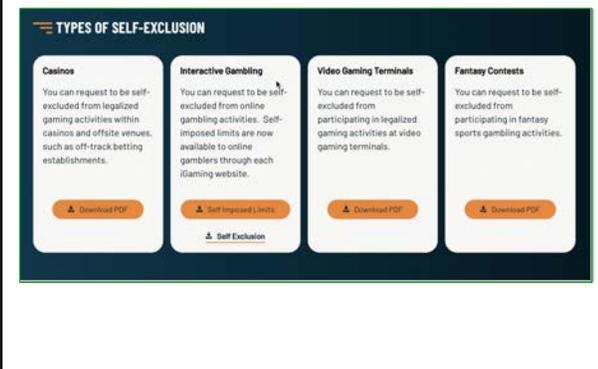
- Removal from mailing data bases
- No check cashing / credit / player club membership
- Fines / Possible Arrest & Citation

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Self-Exclusion



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Gamban

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**Problem Gambling
Screens and
Assessments**

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**Problem Gambling
Screening Tools**

- Brief Screen - "Lie-Bet"
 - NODS PERC and NODS CLiP
 - Brief BioSocial Gambling Screen (BBGS)
- South Oaks Gambling Screen (SOGS)
- SOGS-RA - Adolescent Screen
- National Opinion Research Center DSM Screen for Problem Gambling (NODS)
- G.A. / Gam-Anon Twenty Questions

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Why Screen for Gambling Disorder?

- High risk of gambling problems among individuals diagnosed with substance use and mental health disorders

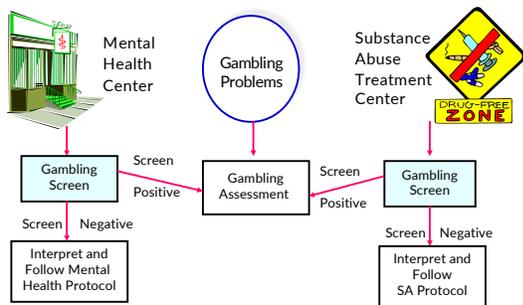
2002) (Rush et al. 2008)

(Himmelhoch et al. 2015; Ledgerwood et al.

- Not addressing gambling issues
 - Decreases treatment effectiveness
 - Adds to treatment costs
- Early intervention and treatment work

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No Wrong Door - Integration of Services



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SBIRT

Screening, Brief Intervention, Referral to Treatment

- Integrates alcohol & drug discussion into clinical workflow
- Education/prevention
- Increased curiosity/conversation
- Uses Motivational Interviewing approach
- Referral to treatment when indicated

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Introducing...GBIRT!

Screening

Application of a simple test to determine if individual is at risk for, or may have, a gambling disorder

Brief Intervention

Explanation of screening results, information on responsible gambling, assessment of readiness to change, advice on change

Referral to Treatment

Individuals with positive results on a screening may be referred to resources for further assessment and/or counseling or self-help resources

It is important to remember that a positive screen does not constitute a diagnosis, even if the screen suggests a high probability of problematic gambling behavior.

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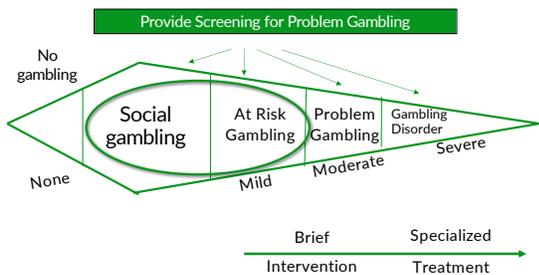
Things to consider with Brief Screens

- Developed to screen for most severe gambling problems

Issues happen on a continuum

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Problem Gambling Public Health Interventions



Korn & Shaffer, 99

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Things to consider with Brief Screens

- Developed to screen for most severe gambling problems

Issues happen on a continuum

- No definition of what 'gambling' is/could be

List types of gambling

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FIRST DEFINE GAMBLING

“The following questions are about gambling. By gambling, we mean when you **bet or risk money or something of value** so that you can hopefully win or gain money or something else of value. Examples may include buying lottery tickets/scratch-offs, gambling at a casino, playing bingo, shooting dice, betting on sports, or playing in card games for money...”

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Possible Screening Strategy

Adapted by Illinois SBIRT from DSM5, BBGS, and Elizabeth Hartney, PhD

During the past 12 months have you gambled 5 or more times?

___ Yes ___ No

If yes continue to next 3 questions

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Utilize Brief Screen

DURING THE PAST 12 MONTHS:		
1. Have you ever felt restless, on edge or irritable when trying to stop or cut down on gambling?	Yes	No
2. Have you tried to keep it a secret, just how much you have gambled/been gambling from your family or friends?	Yes	No
3. Have you had to ask other people for money to help you deal with the financial problems that had been caused by gambling?	Yes	No

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Things to consider with Brief Screens

- Developed to screen for most severe gambling problems
Issues happen on a continuum
- No definition of what 'gambling' is/could be
List types of gambling
- Use Diagnostic Criteria
Could be off putting – words matter!

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Utilize Brief Screen

DURING THE PAST 12 MONTHS:		
1. Have you ever felt restless, on edge or irritable when trying to stop or cut down on gambling?	Yes	No
2. Have you tried to keep it a secret, just how much you have gambled/been gambling from your family or friends?	Yes	No
3. Have you had to ask other people for money to help you deal with the financial problems that had been caused by gambling?	Yes	No

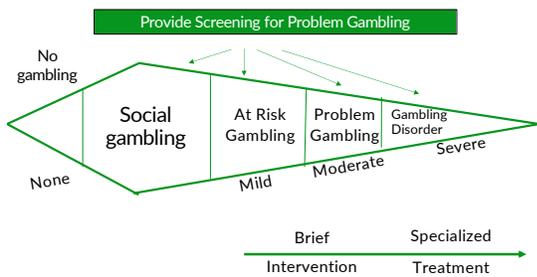
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RISK STRATIFICATION

RISK LEVEL	GAMBLED 5 TIMES IN ONE YEAR?	1 OR MORE ON BRIEF SCREEN
LOW	NO	NO
MEDIUM	YES	NO
HIGH	YES	YES

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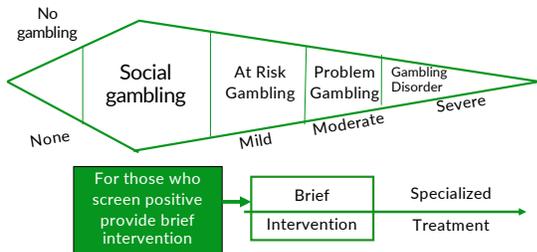
Problem Gambling Public Health Interventions



Korn & Shaffer, 99

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Problem Gambling Public Health Interventions



Korn & Shaffer, 99

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Brief Advice on Gambling

(Petry, 2005)

- Review levels of gambling and gambling disorder
- Dispel myths about gambling
- Risk factors for problem gambling/gambling disorder
- Four steps to reduce risk/harm for gambling problems
 - Limit money
 - Limit time
 - Don't view gambling as way to make money
 - Spend time on other recreational activities
- Less than 10 minutes!!!

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DURING THE PAST 12 MONTHS:

4. Have you tried to cut down or stop your gambling?	Yes	No
5. Have you increased your bet or how much you would spend, in order to feel the same kind of excitement as before?	Yes	No
6. Did you think about gambling even when you were not doing it? (<i>Remembering past gambling experiences, or planning future gambling?</i>)	Yes	No
7. Did you gamble when you were feeling down, stressed, angry or bored?	Yes	No
8. Did you ever try to win back the money that you had recently lost?	Yes	No
9. Has your gambling caused problems in your relationships or with work?	Yes	No
Total "Yes" Responses		

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Problem Gambling Public Health Interventions



Korn & Shaffer, 99

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- ### Referral to Treatment
- 800-GAMBLER®
 - Council on Compulsive Gambling of PA
 - Department of Drug & Alcohol Programs
 - Treatment Providers
 - Counseling Agencies
 - Gamblers Anonymous/Gam-Anon meeting

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Pennsylvania Problem Gambling Helpline

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Things to consider with Brief Screens

- Developed to screen for most severe gambling problems
Issues happen on a continuum
- No definition of what 'gambling' is/could be
List types of gambling
- Use Diagnostic Criteria
Could be off putting – words matter!
- How questions are asked is vital
Could be seen as leading, or close off future discussion

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Assessments

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Assessment Tasks and Goals

- Engage and Motivate
- Convey Understanding of Gambling Problems
- Crisis Intervention
- Make Diagnoses
- Assess Severity and Strengths
- Provide Hope and Preliminary Plan

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Perspective Change: Disordered Gambling Integration (DiGIIn)

- Addressing gambling/gambling problems for individuals presenting with a primary concern of a substance use or mental health disorder is not just about making a diagnosis or finding cases of gambling disorder
- Rather, this approach involves assuring that the impact of gambling on mental health and substance use recovery is an ongoing topic of conversation in treatment, recovery and prevention settings

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Integrated Assessment

- Incorporating into existing assessments
- How might you ask questions related to gambling in each of these sections of your intake or assessment?
 - Medical
 - Financial
 - Family History
 - Substance Use
 - Psychiatric
 - Recreation

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Adam

28 years old
Male
Caucasian
Married / No Children

Sports/online gambling & gaming
Gambling since middle school
Family of gamblers

Recognizes problem
Willing to get help
No counselors nearby
GA meetings local / phone meetings
Wife (Erin) is very supportive

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Bill

59 years old
Male
Caucasian
Single / No Children

Gambling for many years
Casino table games & Horse Racing
Moved back and forth from PA to NV

Works as actuary - volunteers for youth football league
Has borrowed from friends
Recognizes problem, but could be worse
Facing legal issues (embezzlement)
Filing for bankruptcy



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Carol

70 years old
Female
African-American
Divorced (12yrs) / 2 Adult Children

Slot machines / Bingo / 'Social' Games
Enjoys spending time with friends
Enjoys exercising when not gambling

Baptist (faith is very important to her)
Currently receiving Tx for depression
No alcohol/substance use
Concerned about finances
Forgets problems when playing slots

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Diego

35 years old
Male
Latino
Married / 2 teenage children

Army veteran (10 years of service)
Slots / Scratch-off tickets
Family is very important to him

Does not recognize problem
Wife (Flora) & kids applying pressure
Trauma as a result of time in military
Feels he should be able to spend money as he wishes - does not want to stop gambling



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Activity: Applying DSM-5 Criteria

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Priorities

- Keep the client alive
- Keep the client in treatment
- What else?

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Engaging Problem Gambling Clients

- Be familiar with common crises of the folks with gambling problems and be ready with some problem-solving strategies that emphasize engagement in the treatment process:
 - Financial conflicts - "I'm losing my house..."
 - Family conflicts - "My spouse is leaving me"
 - Mood stabilization - "I can't go on like this anymore..."
 - Vocational conflicts - "I'm going to lose my job"
 - Legal conflicts - "I'm about to go to jail..."
- "I hear what you are saying, and we feel confident that we can help you, we know what to do..."

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Other Things to Consider

- Family and Cultural Traditions
- Severity
- Current Realities
- Progression
- Costs
- Psychosocial History
- Motivation Cycle / Stage Identification
- ???

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Change Planning

- What would you like to be different
- What could you do to get started?
- If the first step is successful, then what?
- Who could you ask for support?

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Menu of Options

- Gambler's Anonymous or Gam-Anon
- Brief Interventions
- Limited Gambling/Harm Reduction
- Abstinence
- Self-Exclusion
- Problem Gambling Specific Treatment

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Treatment Planning

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Potential Treatment Options

- Psychodynamic
- Behavioral and Cognitive Behavioral
- Motivational and Brief Interventions
- Transtheoretical Model
- Stages of Change
- Pharmacotherapy
- Marital/family
- Financial Counseling
- Mindfulness Based

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Gambling Counselor Training Week 2 – Session 3

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Lori Rugle, Ph.D.,
Consultant to CCGP

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Structuring the Treatment of Gambling Disorder

◆ **Goals for Clients**

- To structure the process of recovery
- To enhance motivation and commitment to recovery, health and well-being
- To increase the client’s understanding of the role and meaning of gambling in his/her life
- To develop more effective coping skills and affect management

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Structuring the Treatment of Gambling Disorder

◆ **Goals for Clients**

- To increase honesty with self and others
- To encourage self-awareness and curiosity
- To facilitate generalization of learning outside of therapy
- To emphasize the need to do as well as talk
- To enhance self-esteem through honest effort

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Goals

- ◆ Summarize
- ◆ What would you like to do now?
- ◆ Menu of Options
 - Abstinence
 - Limited Gambling
 - Harm Reduction
 - Monitor/Functional Analysis
 - Workbook
 - Counseling
 - Family Involvement
 - Etc
- ◆ Plan

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Treatment Plan Structure Activity

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- ◆ The basic principle of cognitive behavioral therapy for pathological gambling is to identify negative thoughts, cognitive distortions, and erroneous perceptions about gambling that are responsible for continued gambling

◆ www.ncbi.nlm.nih.gov/pmc/articles/PMC3000184/responsible_for_continued_gambling

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Cognitive Behavioral Approaches

- ◆ Irrational Thoughts
 - **Illusions of Control**
Ladouceur et al., 1998; Petry, 2000
 - **Irrational and Distorted Thinking**
Breen et al., 1999; Ladouceur & Walker, 2000
 - **Superstitious Beliefs**
Tonetto et al., 1997;
 - **Interpretive Biases**
Attribution, Gambler's Fallacy, Near Misses
- ◆ Structured Interventions/Assignments
 - Insight to Action Connection
- ◆ Coping Skills and Relapse Prevention
Sylvain et al., 1997; Petry, 2000

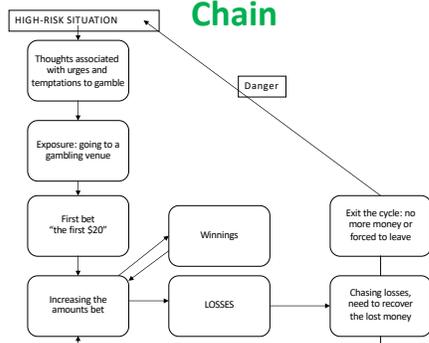
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Treatment Program (Ladouceur)

- Pretreatment Assessment
- Session 1: Motivational Enhancement
- Sessions 2-3: Behavioral Interventions
- Sessions 4-10: Cognitive Interventions
- Sessions 11-12: Relapse Prevention
- Session 13: Post-treatment Assessment
- Session 14 Follow-up Assessment

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Problem Gambling Behavioral Chain



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Cognitive Distortions in Problem Gamblers

- ◆ Magnified Gambling Skill
- ◆ Talismanic Superstitions
- ◆ Behavioral Superstitions
- ◆ Cognitive Superstitions
- ◆ Attribution Errors

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Cognitive Distortions in Problem Gamblers

- ◆ Gambler's Fallacy
- ◆ Anthropomorphism
- ◆ Selective Memory
- ◆ Over-interpretation of Cues
- ◆ Aligning with luck

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Cognitive Distortions in Problem Gamblers

- ◆ Luck as a variable
- ◆ Luck as a Trait
- ◆ Luck as a Contagion
- ◆ Probability Biases
- ◆ Illusory Correlation

<http://www.problemgambling.ca/en/resourcesforprofessionals/pages/gambling%20related%20cognitive%20distortions.aspx>

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Irrational Ideas about Gambling Held by Some Gamblers

- ◆ Gambling is an easy way to earn money
- ◆ My gambling is under control with some effort
- ◆ I do not have to quit; I can just cut down on my gambling
- ◆ I can win it back
- ◆ I have a system to beat the odds
- ◆ Gambling isn't the problem...Money is the problem
- ◆ I'm not stealing...I'm just BORROWING
- ◆ The more money I have to gamble with the more I can win

[Adapted from "In the Shadow of Chance," and Internet book by Julian I. Tober, 1998.]

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Techniques

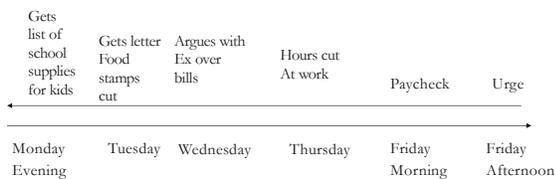
- ◆ Cognitive Restructuring
- ◆ Activity Scheduling
- ◆ Graded exposure
- ◆ Successive Approximation
- ◆ Mindfulness Meditation
- ◆ Skills Training
- ◆ Problem Solving
- ◆ Relaxation Breathing Training

◆ <http://cogbtherapy.com/cognitive-behavioral-therapy-exercises/>

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Identification of Triggers

Trigger Timeline



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Distorted Thoughts Activity

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Motivating Problem Gamblers

- Everyone is motivated, but not everyone is aware of their motivation

- Trapped by Ambivalence

- Conflict between Indulgence & Restraint

110

Motivational Interviewing

- Client Matching
 - Nothing Works for Everyone
 - Counselors must be comfortable with this or they may feel frustrated with a slow paced, ineffectual approach

111

Mindful Motivational Enhancement Role of the Therapist

- Active
- Directive
- Communicate Understanding of Gambling Problem
- Acknowledge Gambler's Ambivalence
- Non-Shaming Discrimination
- Establishing environment of trust and honesty

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Oars

- Open Ended Questions
- Affirmations
- Reflections
- Summaries

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Motivational Interviewing Activity

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Transtheoretical Model

- Stages of Change
 - Precontemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance
 - Termination?
- Multiple Addictions & Stages of Change

115

Engaging Problem Gambling Clients

- What concrete help (menu of options) do you have for them that matches motivational level to address common problems?
 - Help to sort out and manage emotions
 - Structure problem solving
 - Budget and Pressure relief, CCCS
 - Help family to understand, cope..
 - Local attorneys, etc.
- What few items of basic client education can you offer to help each client better understand this is a disorder and help is available?

116

Engaging Problem Gambling Clients

- Speak to the client in specific terms they can relate to directly. Begin to bring structure to chaos.

- Simple things can bring structure

Readiness Rulers

How Important is it...How confident are you...How ready are you...



Not
At
All

Very
Much

117

Motivational Traps

- Confrontation-Denial Trap
 - Counselor through best intentions presents information to move client to awareness of their gambling problem and its consequences and prescribes course of action too quickly
 - Client response: “ My problem isn’t that bad and I don’t really need to do all that”
 - Natural result of client’s ambivalence.
 - If counselor argues for one side of the conflict, client will take opposing side

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Motivational Traps

- When confronted more forcefully, client can argue themselves out of any change at all in order to “win” therapy (win-lose therapy)
- Confrontation – Denial Trap Solutions
 - Listen
 - Empathic reflection
 - Elicit self-motivating statements

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Motivational Traps

- Premature Focus Trap
 - Focusing on gambling as the problem while the client’s focus is on other issues
- The Blaming Trap
 - Client’s sensitivity to being “blamed”

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Motivational Traps

- Labeling Trap
 - Labels can carry stigma
 - Can create power struggle - Client can feel trapped
 - Can lead to confrontation-denial trap
- Labeling Trap Solutions
 - De-emphasize label
 - If client raises the issue can respond with reflection and reframing

121

Difficult Clients: Styles of Client Resistance

- Arguing
- Interrupting
- Denying
 - Blaming, Disagreeing, Excusing, Claiming impunity, Minimizing, Reluctance, Unwillingness to change, Pessimism
- Ignoring
 - Misdirection, Inattention, Non-answer, Not responding

122

Ask offer ask

- What bits of education/information would you offer to?
- What would motivate him to come in for another session?
- Ask – How helpful was this session or how well did this session meet your needs?
- How well did I listen to your needs and concerns?
- How well did I respond to your concerns and questions?
- If you would like to have another appointment, how many sessions do you expect would be best?

123

Identifying Gambling Urges and Cravings

- ◆ Need to develop awareness of gambling thoughts and urges
- ◆ Often not recognized prior to gambling episode
- ◆ Can be experienced as a range of thoughts that at first may seem unrelated to gambling

124

Coping with Urges and Cravings

- ◆ Avoiding High Risk Situations
 - Identify Triggers and Risk Factors
 - Which can be avoided?
- ◆ Distracting Activity/Redirect Attention
 - Simple, engaging activity (mental calculations, counting, exercise, hobby, etc.)
 - Delay acting on urge

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Coping with Urges and Cravings

- ◆ Urge surf
 - Relaxation Techniques
 - Acceptance
 - Study the craving, changes, ebbs and flows, etc.

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Coping with Urges and Cravings

- ◆ Challenge and change thoughts
 - Play through to negative consequences

 - Recall benefits of recovery

 - Recall moment of clarity, un-ambivalent motivation

 - Recall list of rational thoughts

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Coping with Urges and Cravings

- ◆ Challenge and change your thoughts
 - Imagery of craving (devil, degenerate, etc.)

 - Talk about craving

 - Write about craving

 - Talk to craving - what are you trying to tell me?

128

Relapse, Recycle, Recovery

- Fantasy Life/Dream World
- Irrational Thinking
- Continued Action/Escape Thinking
- Money/Debt
- Risky Occupations
- Poor Social Skills
- Shame and Humiliation

129

Relapse, Recycle, Recovery

- Relationship Conflict
- Lack of Support System/Isolation
- Boredom
- Dishonesty
- Defenses
- Legal Problems/Illegal Activities
- Comorbidity

130

Harm Reduction and Problem Gambling

- What is Harm Reduction?

- Is harm reduction for problem gambling comparable to harm reduction for alcohol and drugs?

131

Harm Reduction and Problem Gambling: Basic Principles

- Harm reduction is a public health alternative to the moral/criminal and disease models of addiction

132

Harm Reduction & Gambling Treatment

SUBSTANCE ABUSE

- Any use of a substance is mind altering
- A recovering addict can avoid all forms of substance abuse
- Recovering addicts can avoid people, places and things

PROBLEM GAMBLING

- Not all forms of gambling put the gambler in action
- Recovering gamblers cannot avoid ALL forms of gambling
- Recovering gamblers cannot avoid people, places and things in an actively gambling culture

133

Harm Reduction: What is is and what it isn't

- H.R. isn't controlled gambling
- H.R. isn't a replacement or alternative for abstinence
- H.R. isn't for use with only one age group or gender
- H.R. isn't only for use when all else fails.

134

Harm Reduction: What it is

- Enters into a supportive relationship
- Non-blaming
- Gives options
- Accepts their choices
- Gains awareness
- Educates around potential harm or risk

135

HARM REDUCTION IN PRACTICE I

- **Client Takes Responsibility of Choice**
- **Examines Options and Chooses Plan for Recovery**
 - Abstinence Plans *with* Structured Support
 - Abstinence Plans *without* Structured Support
 - Risk Reduction *with* Structured Support
 - Risk Reduction *without* Structured Support
- **Counselor supports and recommends,**
 - guides use of clients choice - FEEDBACK

136

Harm Reduction Limited Gambling vs. Abstinence

- **Assessment Goals**
 - To explain the process of counseling
 - To collaborate with client in defining what is problematic in client's life
 - To facilitate exploration, clarification, and enhancement of client's motivation
 - To define mutually acceptable counseling goals
 - To establish process and priorities for meeting counseling goals

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Harm Reduction Limited Gambling vs. Abstinence

- **Assessment**
 - Conducted in partnership
 - What does client consider most serious problem(s)
 - What are problems that client may be less focused on or aware of?
 - What does or would family or friends consider to be a problem?
 - Which problems are most threatening to client's life or lifestyle?

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**Gambling Counselor Training
Week 2 – Session 4**

Council on Compulsive Gambling of Pennsylvania, Inc.
Josh Ercole, Executive Director

Jody Bechtold Gregory Krausz Lori Rugle, Ph.D.,
Consultant to CCGP Consultant to CCGP Consultant to CCGP

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Behavioral Approaches

- ◆ Exposure-extinction strategies
 - Imaginal desensitization more effective than other exposure techniques over average of 5 years
(Blaszczynski, McConaghy et al., 1991)
 - Gambling imagery paired with relaxation rather than arousal
 - Playing through to consequences
 - Repetition

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**Imaginal Desensitization + MI
(Jon Grant)**



- ◆ Session 1: MI
- ◆ Session 2: Finances
- ◆ Session 3: Behavioral Interventions
- ◆ Session 4: Imaginal Exposure
- ◆ Session 5: Cognitive Tx
- ◆ Session 6: Relapse Prevention
- ◆ Session 7: Family Session (Optional)

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Imaginal Exposure

- ◆ Client Script: Describe situation where you typically would engage in gambling
 - Describe exactly what you imagine happening step-by-step and your urge to gamble
 - Describe as many details about experience as possible, including what you imagined/saw, heard, smelled, etc.

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Imaginal Exposure

- If relevant, would you be using alcoholic, drugs, smoking, etc.
- What physical symptoms are you aware of (heart rate, sweating)
- What negative consequences do you anticipate from gambling
- Imagine coping with the urge, and resisting, gambling
- Consider the positive consequences of not gambling

143

What if the exposure triggers my urge and I end up slipping and engaging in impulsive behavior?

- ◆ Goal of exercise is to activate urges and accompanying thoughts, feelings, and physical symptoms associated with gambling
- ◆ The negative portion of the exposure is designed to be a potent reminder of what actually happens during clients gambling, and will likely have the effect of decreasing urge not long after it was activated
- ◆ Through the repeated practice of reviewing imaginal exposure session, expectation is to gain more insight and be less reactive to gambling triggers

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Contingency Management

- ◆ Based on principles of operant conditioning

- ◆ Three Behavioral Tenets of CM:
 - Frequent monitoring of target behavior
 - Providing tangible reinforcement for completion of target behaviors
 - Remove reinforcement when target behavior does not occur

- ◆ Typically added to other form of Tx



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Contingency Management

- ◆ CM Outcomes in SUD Treatment
 - Participants stay in treatment longer (Higgins et al, 1994; Petry et al., 2000)

 - Longer duration of continuous abstinence (LDA) during treatment (Petry et al., 2005)

 - Regardless of type of treatment LDA associated with long term success.

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Contingency Management

- ◆ Applying CM to Problem Gambling Tx
 - Cannot reinforce gambling abstinence since no objective measure

 - Reinforce compliance with homework

 - Reinforce GA attendance

 - Reinforce recovery oriented behaviors

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Contingency Management Clinical Application

- ◆ Counselors make final decision about whether completion adequately proven (with input from group)
- ◆ Reward = low cost gift card, gas card, dinner voucher, etc.
- ◆ Can “spend” right away or save up

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Contingency Management Clinical Application

Client responses

- ◆ Very low drop out
- ◆ Majority of clients complete activities
- ◆ Activities often therapeutic
 - by a spouse, “We went out to dinner using the ‘reward’ and it was the first time in a long time we focused on each other”

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Contingency Management Clinical Application

Client responses

- ◆ Rewards
 - Many clients state they enjoy the group and ‘rewards’ aren’t main reason they come
 - Use to reinforce recovery activities, “I used my ‘reward’ to do XXX and realized now much of life I have been missing by gambling.”

150

Using Motivational Strategies with GA

- Space for Open Discussion
- Use of 20 Questions to elicit curiosity
- Have peer available to meet with client(s)
- Review combo book and other GA literature – what fits
- Problem solve obstacles
- Practice meeting
- Buddy system
- Know your local GA community
- Deeply understand the 12 Steps

151

Nature of GA Meetings

- Open/Closed
- Cross Comment
- Clean Date
- Ask to respond to 20 Questions
- Often everyone is asked to talk or read
- Budget and Pressure Relief

152

AA and GA Meetings

- Fewer meetings
- Few Lead or Step meetings
- Smaller
- Downplay spirituality
- Meetings often longer
- Sponsorship not as available



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Problem Gambling & Recovery Planning: ASAM Criteria

Questions like:

“What is best care? Who provides best care?”

What are acceptable outcomes?

Total lifelong abstinence, reduced number of relapses, reduced negative consequences, the use of harm reduction, etc. - all part of providing care to individuals w/gambling problems & their families

We have moved away from one size fits all Tx

154

Problem Gambling & Recovery Planning: ASAM Criteria

Treat the person not the reimbursement

Is treatment at your agency about the program or the patient?

Assessment tools for individualized treatment.

Practice guidelines that direct placement and treatment - flexible, evidence-based, stage appropriate, culturally sensitive.

155

Prioritizing Recovery: Where to Begin

Crisis Intervention vs. Recovery Planning:

Immediate Life Threat/Safety

What will engage and motivate

Do we view the world through the client’s eyes

What does the client want most

How can we help client to utilize strengths

Stabilization/Obstacles to Psychosocial Treatment

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Problem Gambling & Treatment Planning: ASAM Criteria, 2013

• **Adult Levels of Care:**

- Level 0.5 Early Intervention
- Level 1 Outpatient Services
- 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 Managed High-Intensity Residential
- Level 3.7 Medically Monitored Intensive Inpatient
- Level 4 Medically Managed Intensive Inpatient
- OTP Opioid Treatment Program (Level 1)

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Problem Gambling & Treatment Planning: ASAM Criteria

■ Six dimensions (+ 1):

1. Acute intoxication/withdrawal potential
2. Biomedical conditions and complications
3. Emotional, behavioral or cognitive conditions and complications
4. Readiness to change
5. Relapse, continued use or continued problem potential
6. Recovery/living environment
7. Financial (added for disordered gambling)

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Levels of Care & Triage Dimensions

	Early (Brief) Intervention	Standard Outpt	IOP/ Part Hosp	Resident	Inpatient
Acute Intox/ Withdrawal					
Biomedical					
Emot/Behav/ Cognitive					
Readiness to Change					
Relapse/Cont. Gambling Potential					
Financial					
Recovery Environment					

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Maneuvering thru the Jungle of Co-Occurring Disorders & Gambling Treatment

- 2016 study of 183 treatment seeking individuals at a community outpatient addiction program found:
- Rates of co-occurring PG (18.6%) and GD (10.9%) were strikingly higher than the rates of those found in general population (~2% and 0.5%)
- Concluded: In the era of the continued gambling expansion, these results call for creation and/or adjustment of clinical addiction services to meet emerging preventive and therapeutic needs.
Elman et al, 2016

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Lifetime Co-morbidity

Kessler et al., 2008 (National Comorbidity Survey Replication)

Disorder	Prevalence of Disorder amg. PG	Temporal Sequence (For those with PG and other disorder)		
		PG First	Other Disorder First	Onset at same time
Any mood Disorder	55.6%	23.1%	64.1%	11.7%
Any anxiety disorder	60.3%	13.4%	82.1%	4.5%
Any impulse control disorder	42.3%	0%	100%	0%
Any substance use disorder	42.3%	36.2%	57.4%	6.4%

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Co-occurring Issues & Personality

Lister et al (2015)

- Problem/disordered gamblers with co-occurring lifetime alcohol dependence demonstrate addictive behavior across multiple domains and report a personality style characterized by hopelessness, impaired control, and resistance to externally-motivated treatment approaches

165

Gambling Disorder and PTSD

Ledgerwood & Milosevic (2015)

- Over 19% of participants met criteria for a lifetime diagnosis of PTSD:
 - Mostly women
 - Lifetime and current anxiety disorder.
 - Lifetime major depressive disorder
 - Current dysthymic disorder
 - Lifetime substance use disorder and dependence
 - More likely to use gambling as a way to cope with negative emotions and experienced greater negative emotionality



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Gambling Disorder and Mood Disorders

Lister et al, 2015

- Co-occurring MD associated w/higher scores for:
 - Alienation and stress reaction
 - Lower scores for well-being
 - Social closeness
 - Control
 - Higher impulsiveness scores for urgency
 - Lower sensation seeking scores

167

Gambling as self-medication for COD's

- Gambling acts as antidepressant
- Gambling acts as a stimulant
- Gambling numbs out
- Gambling enhances dissociation
- Gambling acts as anti-anxiety agent

168

Individual vs. Systemic

- ⦿ Assess for DSM Diagnosis
- ⦿ Individual therapy
- ⦿ Linear
- ⦿ Internal processes (cognitions & feelings)
- ⦿ Individual experiences and perspective
- ⦿ Change Individual
- ⦿ Assess for family process and rules
- ⦿ Family therapy
- ⦿ Circular
- ⦿ Family relationships and roles
- ⦿ Family and community experiences
- ⦿ Change system

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The family system...

- ⦿ is greater than the sum of its individual systems
- ⦿ performs specific functions
- ⦿ develops system and subsystem boundaries
- ⦿ changes if any part of the system changes
- ⦿ continuously adjusts to create a balance between change and stability - homeostasis
- ⦿ is best understood using circular causality rather than linear causality

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1st and 2nd Order Change

- ⦿ First order: something changes according to the rules of the system.
 - Logical solutions to a problem (e.g. cold outside, turn up the heat)
- ⦿ Second order: the rules change and therefore the system itself changes
 - (Judge mandates jail, father has to acknowledge the problem)

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The Family Systems Perspective

- ⦿ Individuals – best understood through assessing interactions within the entire family
 - e.g. A family with a parent diagnosed with Gambling Disorder has attitudes and responses that influence the level and severity of symptomatic behavior. Those behaviors in turn influence the attitudes and responses of all the family members.

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The Family Systems Perspective

- ⦿ Problematic behaviors
 - Serve a purpose for the family
 - Unintentionally maintained by family process
 - Are a function of the family's inability to operate productively
 - Are symptomatic patterns handed down across generations

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Redefining Family



Flowing Data / Nathan Yau, 2016

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Families of Disordered Gamblers

- ⦿ 8-10 other people are affected by every 'pathological gambler'. *(Lobsinger & Beckett, 1996)*
- ⦿ Consequences include but are not limited to:
 - Financial losses
 - Communication problems
 - Trust Issues
 - Chronic lying
 - Legal problems
 - Domestic violence

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Problem & Disordered Gambling: Working with the Family

- ⦿ The *RELATIONSHIP* is the Client
 - Which family/support members are forming the identified relationship?
 - Who has the power in this relationship?
 - Can we ally with the power base in the family?
 - Identify the reality based needs (food, utilities, etc.)
 - Identify the intimacy based needs (anger, trust, etc.)

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Problem & Disordered Gambling: Working with the Family

- ⦿ Think Family First.
 - More Objective Data on the individual's Behavior
 - Family Often Represents the Ultimate Level of Motivation for the Individual
 - Helps combat the High Drop Out Rate
 - Opportunity to Educate the Family Against Bailouts
 - Relationship Counseling Reduces Communication Delays Among Family and Counselor

A Couples Modality = Greater Inroads in Treatment (Ciarrocchi 2001).

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**Problem & Disordered Gambling:
Working with the Family**

- ⦿ Begin with Crisis “Mismanagement”
 - Identify ‘The Clients’ Priorities
 - Identify Your Priorities
- ⦿ Negotiate Treatment Plan Goals Inclusive of Reality and Intimacy Issues
- ⦿ **CAUTION:**
 - Doing Too Much Too Soon Can Become a Bailout for the Family
 - Carefully address the Timing of Your Interventions

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**Problem & Disordered Gambling:
Working with the Family**

Three Common Family Responses

(Ciarrocchi 2001)

1. **Accepts** the individual w/little loss of intimacy
2. Develops a relationship with individual of a **parallel existence**, emotionally cold, some level of interaction, may have appearance of unity but tacitly has minimal expectations around intimacy, protects self and **coexists**

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**Problem & Disordered Gambling:
Working with the Family**

Three Common Family Responses

(Ciarrocchi 2001)

3. Family remains together, but with intense conflict. Regardless of gamblers abstinence family remains **chronically angry**.

*Families are **dynamic systems**, change over time, may range from rage to indifference, emotions shift*

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Family Treatment

- ⦿ Education
 - Interaction of gambling progressions and psychopathology
 - Maintaining personal & financial safety for family
 - PG as potentially recurring, chronic disorder
 - Restitution and Money Management
 - Creating Family Financial Safety Plan

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Family Treatment

- ⦿ Assess need for individual counseling for family members
- ⦿ Time for expressing anger, fear, distrust
- ⦿ Specific counseling around abuse/ domestic violence
- ⦿ Facilitate discussion around issues of separation/divorce

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Family Treatment

- ⦿ Counseling on limit setting, detaching with love
 - “Detach with an attachment”
- ⦿ Issues of vulnerability (financial & emotional)
- ⦿ Release of Information and Confidentiality
- ⦿ Accountability and Responsibility

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Family Treatment

- ⦿ Help family understand shared dynamics / pathology
 - Listening and communication skills
 - Here and Now orientation
 - Maintaining adult ego state
 - Conflict resolution and Problem Solving Skills

187

Family Treatment: Special Issues

- ⦿ When the gambler is not involved in recovery

- ⦿ When the gambler is involved in recovery

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Problem & Disordered Gambling: Working with the Family

- ⦿ Assessment: Begin with courtship history.
 - Puts couple at ease, some humor found, positive frame
 - List attractions each partner had for the other
 - Spouses find qualities intricately connected to the gambling behavior

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Problem & Disordered Gambling: Working with the Family

- ⦿ Individual sessions assess: ideal degree of closeness and control desired in relationship.
- ⦿ Also assess for issues of infidelity, sexual abuse or domestic violence out of joint session.
- ⦿ Minimize blaming, goal is increased tolerance and acceptance.

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Problem & Disordered Gambling: Working with the Family

- ⦿ Present couple with formulation of how things got the way they are.
 - A tentative hypothesis for which the couple provides feedback
 - Provides a tool for empathic joining- problem is the “it”, not him or her, or him and him, or her and her.
- ⦿ Polarization vs. acceptance: each tries to change the other, digs in heels, acts out, control battles...

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Problem & Disordered Gambling: Working with the Family

CRAFT

- Community Reinforcement and Family Training
- Non-confrontational approach to Tx entry
- Designed for the concerned other (spouse, family member, friend)
- High success rate - getting people into Tx over traditional strategies

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Problem & Disordered Gambling: Working with the Family

CRAFT

- Especially useful for family who has seen previous attempts fail & is worn out
- Appealing approach to those who are turned off by harsh confrontational interventions
- Process based on the idea that no one has better information about the behavior of the individual than the family

193

Family Reassessment & Discharge Planning

- ⦿ Final Assessment
 - Family's perspective on how the gambler has met treatment goals
 - Family's perspective on meeting their own treatment goals
 - Does the family have any additional/ongoing treatment needs
 - Process for family to re-engage in treatment if needed

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Family Reassessment & Discharge Planning

- ⦿ Final Assessment
 - Discussion of relapse warning signs
 - How can family provide feedback
 - How can gambler listen to feedback
 - Gambler's and Family members' triggers

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Gambling Counselor Training Week 3 – Session 5

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Problem Gambling & Gender in the U.S.

(Welte et al., 2002, 2016)

2001

⓪ 2.9% female problem or pathological

⓪ 4.2% male problem or pathological

2011

⓪ 2.5% female

⓪ 6.8% male

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2022 PA Helpline

30% of Intake Calls
were made by females

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Women – Gender Specific

- More rapid progression in part to preference of 'continuous play' forms of gambling
- Female gambling is often differently motivated:
 - Escape from personal pressures, boredom, a depression
 - Tend to employ inefficient "emotion-focused" coping strategies (avoidance strategy)

199

Therapeutic Models to Consider

- Empowerment Models
- CBT – Enhance Empathy (Karter, 2013)
- Trauma Recovery (or referral if you are not skilled)
- Person-Centered Therapy (Karter, 2013)
- Culturally-Infused Techniques (Adell, 2013; Haskins, 2011)

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Women sensitive treatment

- Powerlessness
 - Conflict with feminine movement / societal messages
- Hormones / change of life
 - Medical and psychological considerations
- Abuse issues
 - Successful referral / collaboration
- Harm Reduction
- Shame issues
- Videos – pamphlets
- Connecting women in recovery



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Future Directions

- Women represent a rapidly expanding segment of the online gambling population
- Online gambling characterized by
 - Flexible hours
 - Local availability
 - Low price of participation
 - Clean, attractive location
 - Physical safety
 - Availability of childcare
- Similar characteristics may lead to growing numbers of women experiencing difficulties with this new, very private form of gambling

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Older Adults

Aging demographics

•65+

•2019 US - 16.5%;

•PA - 18.7%

•Person reaching age 65 has average life expectancy of an additional 19 years.



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Gambling as Leisure

- Often provides an opportunity to socialize with others outside the home
- Potentially provides a way to use cognitive skills and maintain cognitive skills
- May promote some physical activity (depending upon amount of walking or other movement used to reach site)

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Older Adults & Gambling

•Some Reasons Why Older Adults May Gamble:

- Opportunity & Availability
- Relief of physical pain
- Disposable income / Limited income
- Boredom; Free time (retirement/kids move out/etc.)
- Loneliness and/or Depression
 - Loss of spouse/friends/family
 - Adjustment to new location
- Limited Recreational Alternatives
 - Physical limitations, social limitations

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NORC Survey - Age

While older adults less likely than younger adults to have ever gambled or engaged in past year gambling, they are more likely to gamble weekly

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2022 PA Helpline

Less than 18% of Intake Calls made by Adults 55+

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Signs of Older Adult PG

- Secrecy/avoidance when questioned about time and money
- Decline in health
- Higher priority on gambling activities
- Sudden need for money/loans
- Changes in attitude and personality

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Treatment

- Treat Co-Occurring psychiatric and medical conditions (e.g., Dementia)
- Reaffirm dignity and identity
- Use Empowerment/Motivational model
- Use retrospective approach
- Include support systems
 - Community social services
 - Family/friends/spiritual community

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Youth Gambling and Problem Gambling

- Prevalence rates in the U.S., Canada, Australia, New Zealand and the U. K. regularly show that about 80% of past year underage youth gambling reported
- 4-6% experience severe problems
- 10-15% are at risk for the development of a severe gambling problem.

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**Youth Problem Gambling
Health and Social Issues**

Adolescent gamblers:

- Often have lower self-esteem compared to other adolescents
- Prone to engaging in multiple co-occurring addictive behaviors (smoking, drinking, drug use/abuse)
- Have been found to have a greater need for sensation seeking and more likely to take risks and to be excited and aroused while gambling

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Youth Problem Gambling: PAYS 2021

Pennsylvania Youth Survey

Asks students in grades 6, 8, 10 & 12 a series of questions to gather information about their knowledge, attitudes, experiences and behaviors towards alcohol, tobacco and other drug use – also included are potentially risky behaviors, including, but not limited to, **gambling**

2021 statistics:

- 1,072 schools throughout PA
- 246,081 surveys were represented

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Youth Problem Gambling: PAYS 2021

Included are past 12 month prevalence measures for:

- gambling for “money or valuables” on:
 - Table Games (poker/cards/dice/dominoes)
 - Lottery (scratch-off/numbers)
 - Sporting Events/Sports Pools
 - Online/Internet
 - Personal Skill Games (pool/darts/video games)
 - Any other way...

A question about gambling for “money/anything of value” in lifetime and the past 30 days is also asked

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Youth Problem Gambling: PAYS 2021

Regarding compulsive/dishonest gambling behavior, the Lie/Bet brief screen was added to the PAYS in 2013

- Have you ever felt the need to:
 - bet more and more money?
 - lie to people important to you (family/friends) about how much you gamble?

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PAYS

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PAYS – Online Data Analysis Tool

- Allows cross analysis between gambling participation and other risky behaviors
- Evidence that students who gamble are significantly more likely to participate in other risk behaviors
- High risk behaviors tend to cluster - gambling appears to fit within a risk behavior matrix

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Gambling Prevention: Goals

- Prevention through risk-reduction
 - individual
 - family
 - peer and social contexts
 - community context
- Risk-reduction by enhancing protective factors
 - attributes of the individual
 - family support
 - environmental support
- Using schools as a basis for prevention through promotion of social/personal competence, thus enhancing resiliency
(Lussier, Derevensky & Gupta, in press)

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Treatment for Youth with Gambling Problems

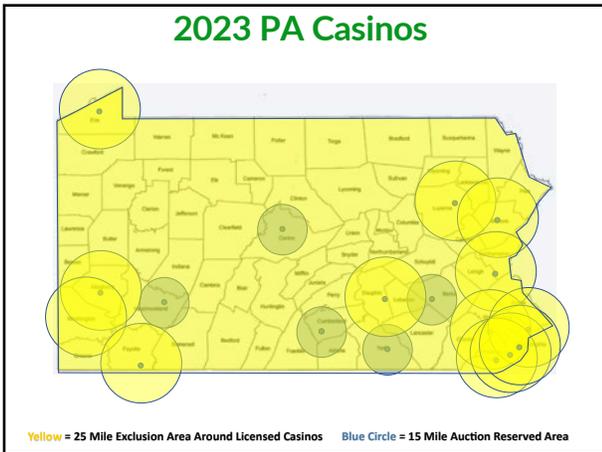
- Current treatment paradigms for adolescent and young adults have in general been based upon a number of theoretical approaches and parallel those used for adults:
 - Psychoanalytic, psychodynamic
 - Behavioral
 - Cognitive
 - Cognitive-behavioral
 - Psychopharmacological
 - Biological/genetic
 - Addiction-based and self-help

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Internet Gambling

- Currently legal in DE, NJ, MI, NV, WV & PA
- 10/2017 - PA state legislators passed a bill, which was then signed by Governor Wolf that allows for legal online gambling in PA

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2022 PA iGaming Revenue

Year	Slot Machine Revenue	iGaming Revenue	Table Games Revenue	Sports Wagering Revenue	VGT's Revenue	Fantasy Sports Contests	Total Gaming Revenue
2019	\$2,363,089,678	\$33,599,749	\$9,359,181	\$84,112,967	\$2,329,540	\$25,872,124	\$3,412,594,239
2020	\$1,355,924,785	\$565,776,908	\$544,309,266	\$189,703,465	\$16,647,898	\$21,148,707	\$2,653,511,029
2021	\$2,287,529,425	\$1,112,855,937	\$24,902,965	\$340,113,160	\$39,852,039	\$29,298,635	\$4,734,552,201
2022	\$2,390,757,300	\$1,364,392,468	\$990,568,468	\$401,208,108	\$42,079,447	\$22,297,399	\$5,211,303,191

2021 iGaming Revenue = over \$1.3 Billion

Pennsylvania Gaming Control Board, 2022

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- ### Online Gambling
- Anonymity
 - Companion
 - Invisibility
 - Fantasy
 - Credits
 - Expression
 - Instant Gratification
 - Ego
 - Anticipation
 - Chasing

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Tools & Protections in PA

- Verified Proof of Age and Identity
- 800-GAMBLER advertised (radio/print/web)
- Self Imposed Limits
- Team Trainings
- Cool-Off Periods
- Self-Exclusion

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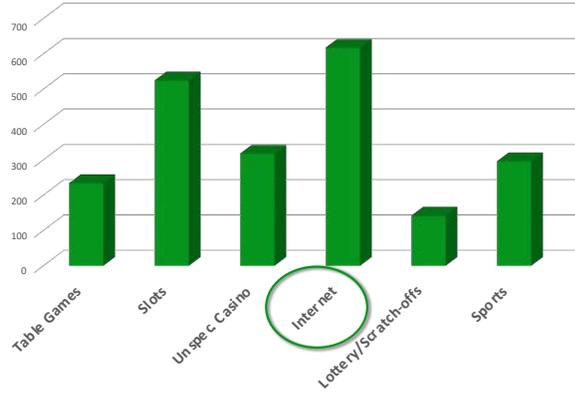
Pennsylvania Problem Gambling Helpline

1-800-GAMBLER

Call • Chat • Text

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Most Problematic - 2022



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Sports Betting

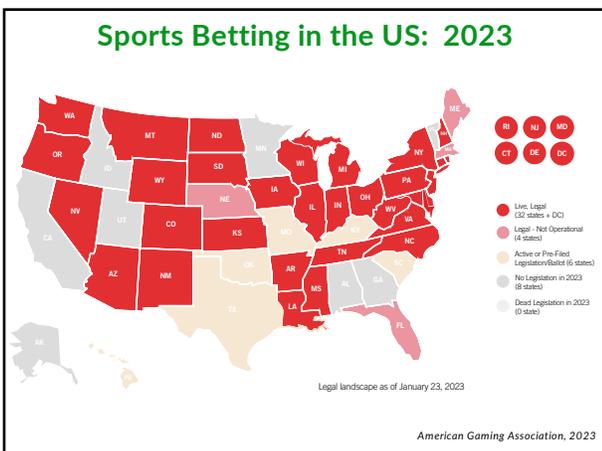
229

May 2018

- US Supreme Court overturns Professional and Amateur Sports Protection Act (PASPA)

– Allowed for states to decide whether or not betting on pro/college sports should/could be legalized

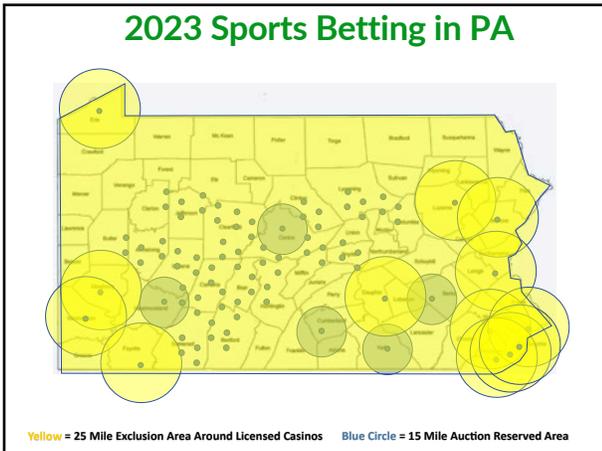
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PA Sports Betting

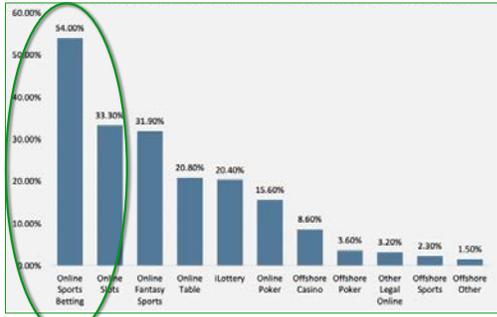
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2022	\$2,390,757,300	\$1,364,392,468	\$990,568,468	\$401,208,108	\$42,079,447	\$22,297,399	\$5,211,303,191

2022 Sports Betting Handle (amount wagered) = over \$7.25 Billion

Pennsylvania Gaming Control Board, 2022

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PA Online Gambling Report 2022



DDAP, Penn State University, 2022

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College Gambling

Approximately 75% of college students have gambled in the past year.

Approximately 25% of schools have gambling policies in place

International Center for Responsible Gaming

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College Problem Gambling

- Estimates indicate approximately 6% of college students in the US
- This represents over 1 million students in the US and approximately 40,000 in PA

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Sports Betting

- Approx. 30% of U.S. college students will gamble on sports this year (NCPG)
- Well-demonstrated relationship of problem gambling with other risky behaviors ^{1,3}
 - Excessive alcohol use & binge drinking
 - Regular tobacco use
 - Marijuana & other illicit drug use
 - Overeating/binge eating

Sources: 1. Engwall, Hunter & Steinberg (2004). "Gambling and Other Risk Behaviors on University Campuses." *Journal of American College Health*, 52 (6); 243-255. 2. Shaffer, Donato, LaBrie, Kilman, & LaPlante. (2005). The epidemiology of college alcohol and gambling policies. *Harm Reduction Journal*, 2 (1); 3. LaBrie, R., Shaffer, H., LaPlante, D., and Wechsler, H. (2003). Correlates of college student gambling in United States. *Journal of American College Health*, 52 (2); 53-62.

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PA Helpline Activity

2021 - 2022

- Over 10% of calls regarding individuals 24 & under
- Nearly 5X the call volume of 2017
- 25-34 – over 20% of 2022 calls

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What is Gaming?

Google definition:

- The action or practice of playing video games
- The action or practice of playing gambling games

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Internet Gaming Disorder

“A condition warranting more clinical research and experience before it might be considered for inclusion as a formal disorder”

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5.

241

Gaming Disorder: Proposed DSM-5 Diagnostic Criteria

- Preoccupation
- Tolerance
- Withdrawal
- Escape
- Lying
- Loss of Control
- Risky Relationship
- Continue Despite Negative Outcomes
- Give up other hobbies/activities

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Gambling Disorder: DSM-5 Diagnostic Criteria

- Preoccupation
- Tolerance
- Withdrawal
- Escape
- Lying
- Loss of Control
- Risky Relationship
- Chasing
- Bailout

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Internet Gaming Disorder

World Health Organization

- 2018 - World Health Organization (WHO) now classifies gaming disorder in their *International Classification of Diseases (ICD-11)*

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WHO Definition

- A pattern of gaming behavior (“digital-gaming” or “video-gaming”) characterized by impaired control over gaming, increasing priority given to gaming over other activities to the extent that gaming takes precedence over other interests and daily activities, and continuation or escalation of gaming despite the occurrence of negative consequences.

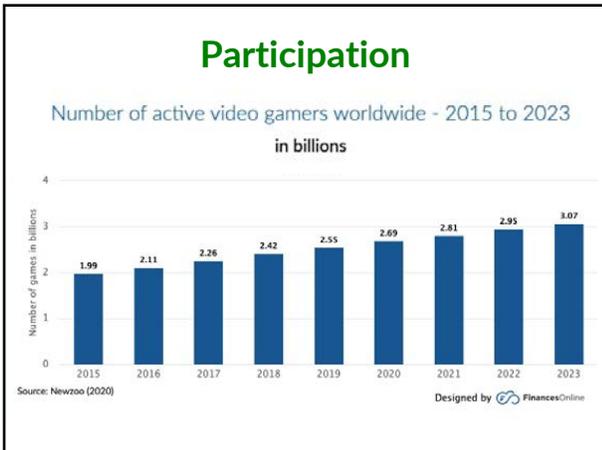
245

Internet Gaming Disorder - WHO

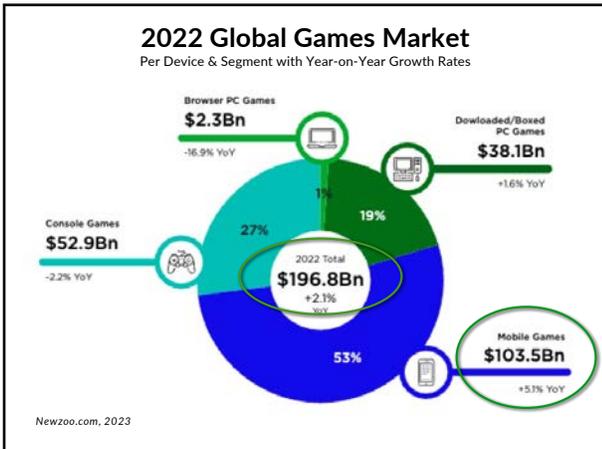
Diagnosis

- Diagnostic test (questionnaires/structured interviews) will need to be revised to help determine presence of disorder
- **Internet Gaming Disorder Scale (IGDS)**
- standard measure of computer and video game addiction. (Pontes et al., 2015)

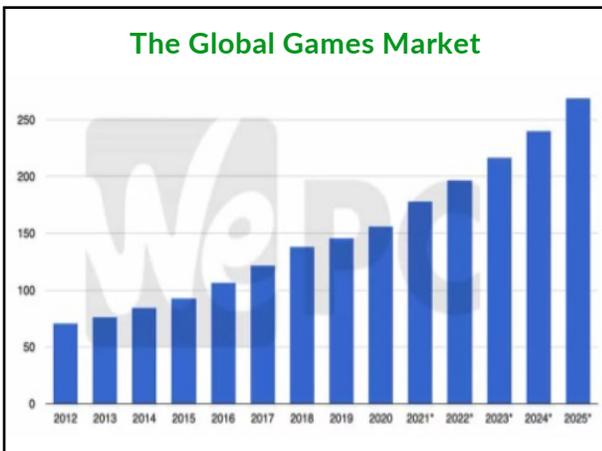
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Microtransactions

- ‘Small’ amounts of real-world money spent on virtual items or other advantages
 - In-game items (weapons/skins/level up packs)
 - In-game currencies
 - Additional lives/Expiration
 - Random Chance Purchases

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Microtransactions: Loot Boxes

- In-game mechanism allowing players to spend money in video games



- Players are not paying for something specific – instead they are paying for a randomly selected item

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Loot Boxes & Gambling

Structural similarities

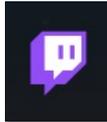
- Exchange of money/something of value
- A future event will determine results of the exchange
- Chance at least partly determines outcome of the exchange
- Losses can be avoided by simply not taking part
- Winners gain at the sole expense of losers

Zendle, et al, 2019 <https://doi.org/10.1098/rsos.190049>

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Spectating: Twitch

- 140 million monthly active users
- 30 million daily active users
- 7.6 active streamers monthly
- 22.4 billion hours viewed in 2022
- 71 million hours of content viewed daily



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Spectating: Twitch

- 2.58 million concurrent viewers
- 2022 estimated revenue - \$2.8B
- 65% male / 35% female
- Over 2/3 of users are under 35 years old
- 5th highest used social media platform

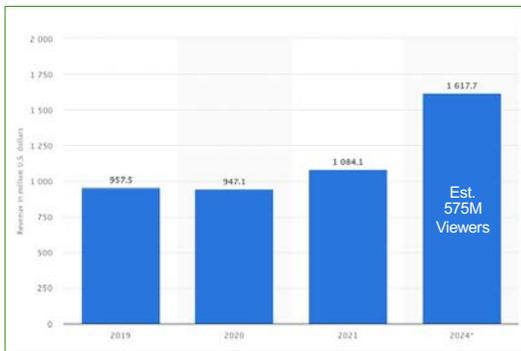
255

eSports

- Form of competition using Video Games
- Multiplayer
- Professional players
- Live streaming
- Video Game Industry shift to follow subculture
 - Real Time Strategy (RTS)
 - Massively Multiplayer Online Role-Playing Game (MMORPG)
 - First-Person Shooter (FPS)
 - Multiplayer Online Battle Arena (MOBA)
 - Sports/Racing

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eSports market revenue worldwide – 2019-2024
(in millions – US dollars)



<https://www.statista.com/statistics/490522/global-esports-market-revenue/>

257

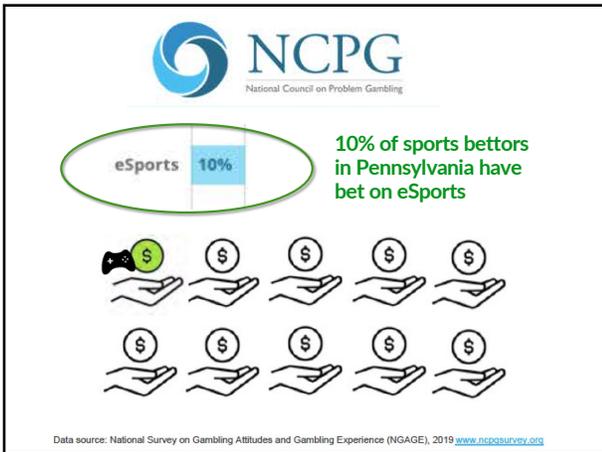
May 2018

• US Supreme Court overturns Professional and Amateur Sports Protection Act (PASPA)

- Allowed for states to decide whether or not betting on pro/college sports should/could be legalized

- Applies to **eSports**

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Good vs Bad

POSITIVE EFFECTS of GAMING

NEGATIVE EFFECTS of GAMING

www.gamequitters.com

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gamequitters.com

The screenshot shows the website header with 'GAME QUITTERS' logo and navigation links: 'Take our Quiz', 'Programs', 'Resources', 'Support Groups', 'Contact', and 'Login'. A dropdown menu is open, listing 'Hobby Tool', 'Articles', 'Podcast', 'Stories', and 'Videos'. The main content area features the text 'Video Game Addiction Is Gaming Taking Over' and 'Take a short quiz and' followed by two buttons: 'I'M A GAMER' and 'I'M A LOVED ONE'.

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Gambling Counselor Training Week 3 – Session 6

Council on Compulsive Gambling of Pennsylvania, Inc.
Josh Ercole, Executive Director

Jody Bechtold
Consultant to CCGP

Gregory Krausz
Consultant to CCGP

Lori Rugle, Ph.D.,
Consultant to CCGP

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The Ethical Decision-Making Model at a Glance

- 1. Identify the problem.
- 2. Apply the ACA Code of Ethics.
- 3. Determine the nature and dimensions of the dilemma.
- 4. Generate potential courses of action.
- 5. Consider the potential consequences of all options and determine a course of action.
- 6. Evaluate the selected course of action.
- 7. Implement the course of action

<https://www.counseling.org/docs/default-source/ethics/practitioner-3p-y-guide-to-ethical-decision-making.pdf?sfvrsn=10>

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Immediate Financial Actions

- Remove your name from:
 - Jointly owned credit cards
 - Joint savings and checking accounts
- Change your PIN on any debit cards
- Open separate safety deposit box (valuables)
- Monitor mail and throw away new offers
- Take over paying all household bills

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Immediate Financial Actions

- Refuse to co-sign any loans/other financial obligations
- Alert all creditors of a gambling problem and ask them to stop extending any credit
- Tell family & friends in order to stop lending
- Contact credit agencies (Equifax, Experian, TransUnion) – www.annualcreditreport.com
- Ask gambler to have paycheck automatically deposited & agree to a weekly budget

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Identifying Income and Assets

- Identify income and assets the gambler can use to feed the habit
- Establish a spending plan
- Shift control of the finances to a non-gambler
- Set up a repayment plan for all debts and avoid bankruptcy
- Decide if investing is an appropriate option

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Financial Planning, Restitution and Making Amends

- ✓ **A complete inventory of all debts**
- ✓ **A detailed budget for expenditures and repayment**
- ✓ **Life adjustments that may be needed**

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Family Treatment: Financial Planning for Recovery

• **Six Stage Model**

- Clarify Debt
- Identify Expenses
- Identify/Predict Income
- Create Budget
- Debt Repayment Plan
- Money Protection Plan

271

THE MEANING OF MONEY: To the Problem Gambler

Gamblers have essentially two kinds of money

The first is *real* money:

- Real money is used to pay bills, buy things, etc.

The second is *gambling* money:

- Gambling money is used only for gambling and is never really lost. It is just being *held* by the gambling venue for the gambler to re-claim the next time they win.
- Gambling money therefore is of more value and often protected, hidden, etc so the gambler can find their way out of debt...endless hope lives in this fantasy.

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Asset Protection Plan

- How will I safeguard my money from my gambling?
- Who can help me?
- To whom will I be accountable?
- *Issues to consider:*
 - Gender
 - Safety issues
 - Family dynamics
 - Cultural issues

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Asset Protection Plan

- Case examples - Bill



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Asset Protection Plan

- Case examples-Adam



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Asset Protection Plan

- Case examples –Carol



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Asset Protection Plan

- Case examples –Diego



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ROSC and Problem Gambling

- Working Definition of Recovery:
“Recovery from Alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.”

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12 Guiding Principles

1. There are many pathways to recovery
2. Recovery is self-directed and empowering
3. Recovery involves a personal recognition of the need for change and transformation
4. Recovery is holistic
5. Recovery has cultural dimensions
6. Recovery exists on a continuum of improved health and wellness

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12 Guiding Principles

7. Recovery emerges from hope and gratitude
8. Recovery involves a process of healing and self-redefinition
9. Recovery involves addressing discrimination and transcending shame and stigma
10. Recovery is supported by peers and allies
11. Recovery involves (re)joining and (re)building a life in the community
12. Recovery is a reality

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Framework of ROSC

- ROSC are networks of organizations, agencies and community members
- Coordinate a wide spectrum of services to prevent, intervene in and treat substance use, and gambling, problems and disorders

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Recovery Environment

1. Encourages individuality
2. Promotes accurate and positive portrayals of psychiatric disability while fighting discrimination
3. Focuses on strengths
4. Uses a language of hope and possibility
5. Offers a variety of options for treatment, rehabilitation and support
6. Supports risk-taking, even when failure is a possibility

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Recovery Environment

7. Actively involves service users, family members and other natural supports in the development and implementation of programs and services
8. Encourages user participation in advocacy activities
9. Helps develop connections with communities
10. Helps people develop valued social roles, interests and hobbies, and other meaningful activities

O'Connell, Tondora, et al '05

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Recovery Vision and Values of ROSC

- People in recovery are active agents of change in their lives and not passive recipients of services
- All services can be organized to support recovery
- Person-centered services offer choice, honor each person's potential for growth, focus on strengths attend to overall health and wellness of the client.

Gagne, White, and Anthony '07

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ROSC Should Include

- Multiple pathways to recovery, supported by peers.
- Acknowledgement that Recovery is non-linear
- Service strategies, e.g. Tx, post Tx monitoring
- Early re-intervention and community support
- Essential strategies, e.g. Tx, peer and community support, legal aid, basic and family formation

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ROSC- A Recovery Orientation

- Emphasis on choice
- Support autonomous action
- Have a range of opportunities to choose from
- Have full information about those choices
- Increasing personal responsibility for the consequences of choice

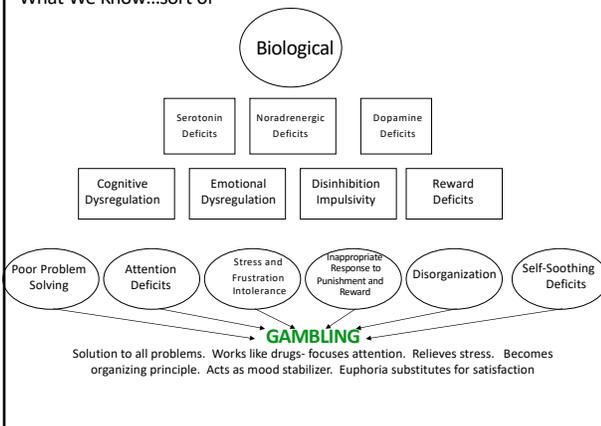
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ROSC- A Recovery Orientation

- Emotional essence of recovery is HOPE
- Promise things can and do change- today is not the way it will always be
- Key theme is one of meaning, discovery of purpose and direction
 - May be reflected thru work or social relationships or
 - From advocacy and political action or
 - For some meaning is strongly spiritual

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What We Know...sort of



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Brain chemicals - vulnerabilities

- Serotonin
 - Lower levels in the brain, less able to inhibit their behavior
 - Risk-taking behaviors like gambling
- Dopamine
 - Rewarding feeling associated with behaviors
 - Problems with dopamine system may contribute to vulnerability to addictive behaviors
- Opioid System
 - Problems with opioid system plays a role in regulating urges and the processing of pleasure

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Medications

- Antidepressants
 - Prozac - mixed results
 - Lexapro - reduced anxiety driving gambling behavior
- Mood Stabilizers
 - Lithium (bipolar) - mixed results
- Opioid Antagonists - effective treatment for urges and co-occurring alcohol disorders
 - Naltrexone and Nalmefene

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Medications

- Glutamatergic agents
 - N-acetyl cysteine - most beneficial for urges
- Discussion:
 - Variety of medications reduce symptoms of pathological gambling in the short term. No study has examined beyond 6 months.
 - Different classes of medications seems equally effective in reducing symptoms
 - Limited data for medications for PG and other psychiatric conditions

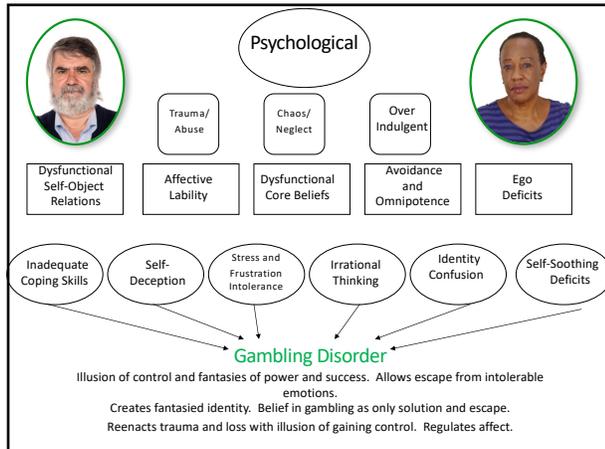
291

TREATMENT ALGORITHM

- N-ACETYL CYSTEINE, L-METHYL FOLATE, SSRI OR NALTREXONE
 - BIPOLAR – STABILIZE THEN NALTREXONE OR NAC
- SUBSTANCE ABUSE – CHOOSE NALTREXONE
- MAJOR DEPRESSION – SSRI OR SNRI
- ADHD – USE BUPROPION OR STRATTERA

Source: Dr. Ken Nelson

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Gambling & Spirituality

- Gambling gives “hope” and “opportunity” for a better life
- Religious affiliation in gambling behaviors:
 - Sanction or endorsed participation
 - Superstitious beliefs, praying to win, rituals, religious medallions as lucky charms
- Strengthen habits to encourage belief that one can increase one’s chances

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Gambling & Spirituality

- Gamblers might attend more religious activities and make promises to “God”
 - “God will treat me well and help me win”
- Feel more spiritual, sensing “God’s” presence as they win and lose

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Gambling & Spirituality

- Religious groups give people strength to recover
 - Associated social supports
 - Regain trust
 - Promote sense of forgiveness
- Spirituality has special healing processes
 - Notion of higher being

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Gambling & Spirituality

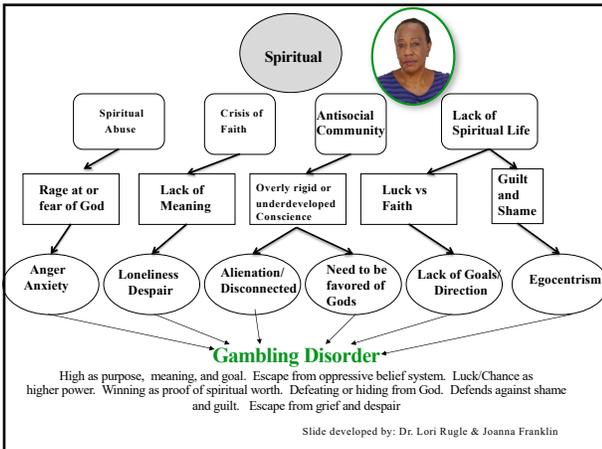
- People with gambling problems might stop all religious activities
 - In favor of gambling
 - Guilt associated with problem gambling
 - Lying, cheating and stealing
 - Refer to the DSM-5 criteria (borrowing, bailouts, preoccupation)

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Gambling or Recovery?

- Where does gambling at one's church / synagogue group help to strengthen unity in spirit?
- Where does the belief in one's reward from a higher source in trying hard is "due" OR is "getting closer" fit?

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299

Adam



28 years old
Male
Caucasian
Married / No Children

Sports/online gambling & gaming
Gambling since middle school
Family of gamblers

Recognizes problem
Willing to get help
No counselors nearby
GA meetings local / phone meetings
Wife (Erin) is very supportive

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Erin



28 years old
Male
Caucasian
Married / No Children

Sports/online gambling & gaming
Gambling since middle school
Family of gamblers

Recognizes problem
Willing to get help
No counselors nearby
GA meetings local / phone meetings
Wife (Erin) is very supportive

301

Bill

59 years old
Male
Caucasian
Single / No Children

Gambling for many years
Casino table games & Horse Racing
Moved back and forth from PA to NV

Works as actuary - volunteers for youth football league
Has borrowed from friends
Recognizes problem, but could be worse
Facing legal issues (embezzlement)
Filing for bankruptcy



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Carol



72 years old
Female
African-American
Divorced (22yrs) / 2 Adult Children

Slot machines / Bingo / 'Social' Games
Enjoys spending time with friends
Enjoys exercising when not gambling

Baptist (faith is very important to her)
Currently receiving Tx for depression
No alcohol/substance use
Concerned about finances
Forgets problems when playing slots

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Diego

35 years old
Male
Latino
Married / 2 teenage children

Army veteran (10 years of service)
Slots / Scratch-off tickets
Family is very important to him

Does not recognize problem
Wife (Flora) & kids applying pressure
Trauma as a result of time in military
Feels he should be able to spend money as he wishes - does not want to stop gambling



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Flora

35 years old
Male
Latino
Married / 2 teenage children

Army veteran (10 years of service)
Slots / Scratch-off tickets
Family is very important to him

Does not recognize problem
Wife (Flora) & kids applying pressure
Trauma as a result of time in military
Feels he should be able to spend money as he wishes - does not want to stop gambling



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Thank You!!

Council on Compulsive Gambling of Pennsylvania, Inc.

www.pacouncil.com

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