

The Council on Compulsive Gambling
of Pennsylvania, Inc.

PROBLEM & PATHOLOGICAL
GAMBLING TREATMENT
FOR THE FAMILY

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REVIEW OF SYSTEMS AND FAMILY SYSTEMS PERSPECTIVE

“There is no such thing as a baby”
- *Donald Winnicott*

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

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
- ⦿ is best understood using circular causality rather than linear causality

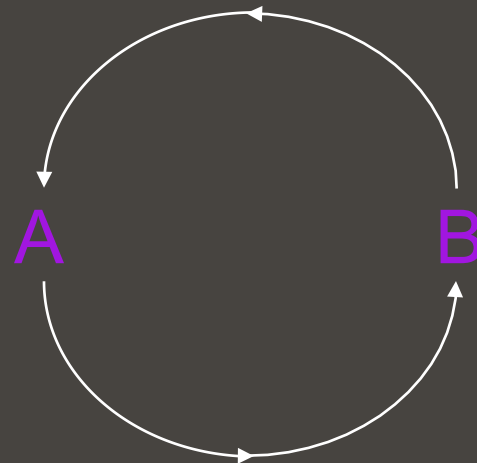
Causality

Linear



- Assumes cause and effect
- Looks for “why”

Circular



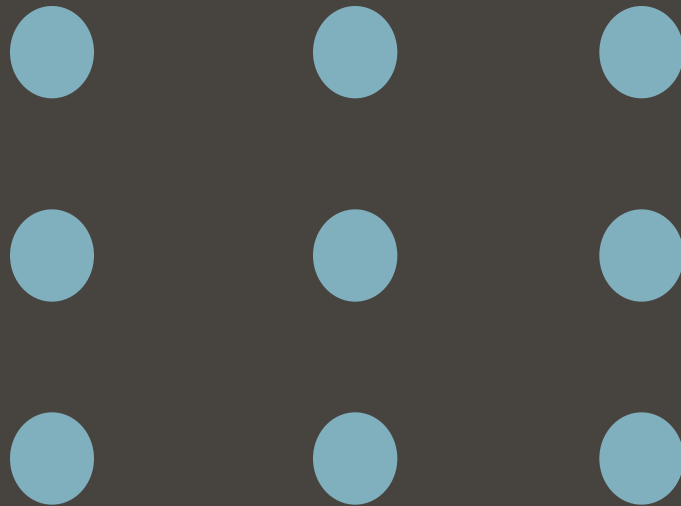
- Assumes circularity
- Looks for “What, when and how”

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)

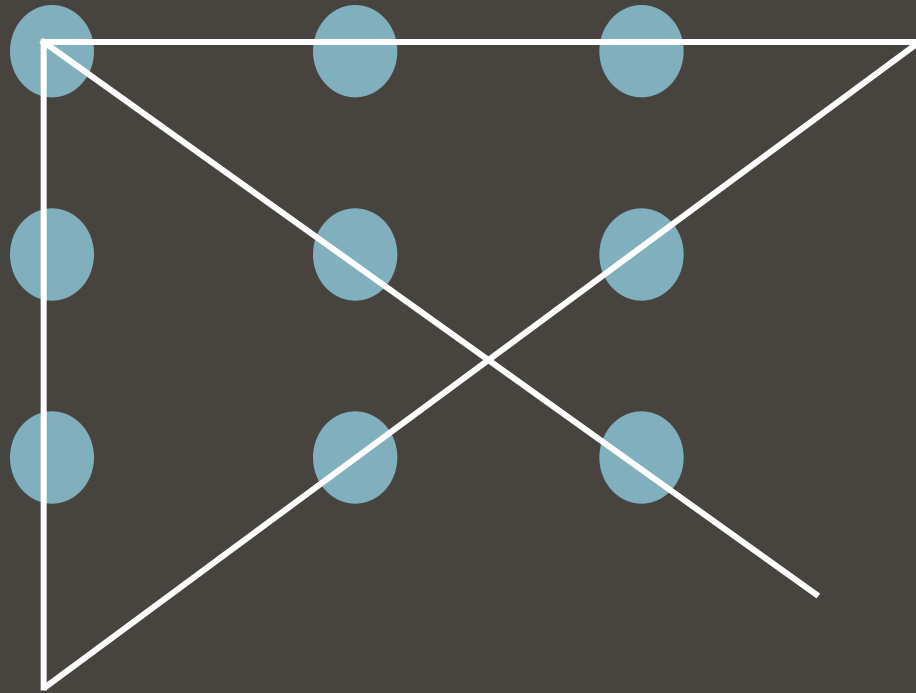
Nine-Dot Problem

- Connect all nine dots with four straight lines without lifting your pencil from the paper



Nine-Dot Solution

- Second-order change: the “rules” must change – the nine dots do not create a square.



The Family System

- ⦿ Homeostasis
- ⦿ Subsystems
- ⦿ Boundaries

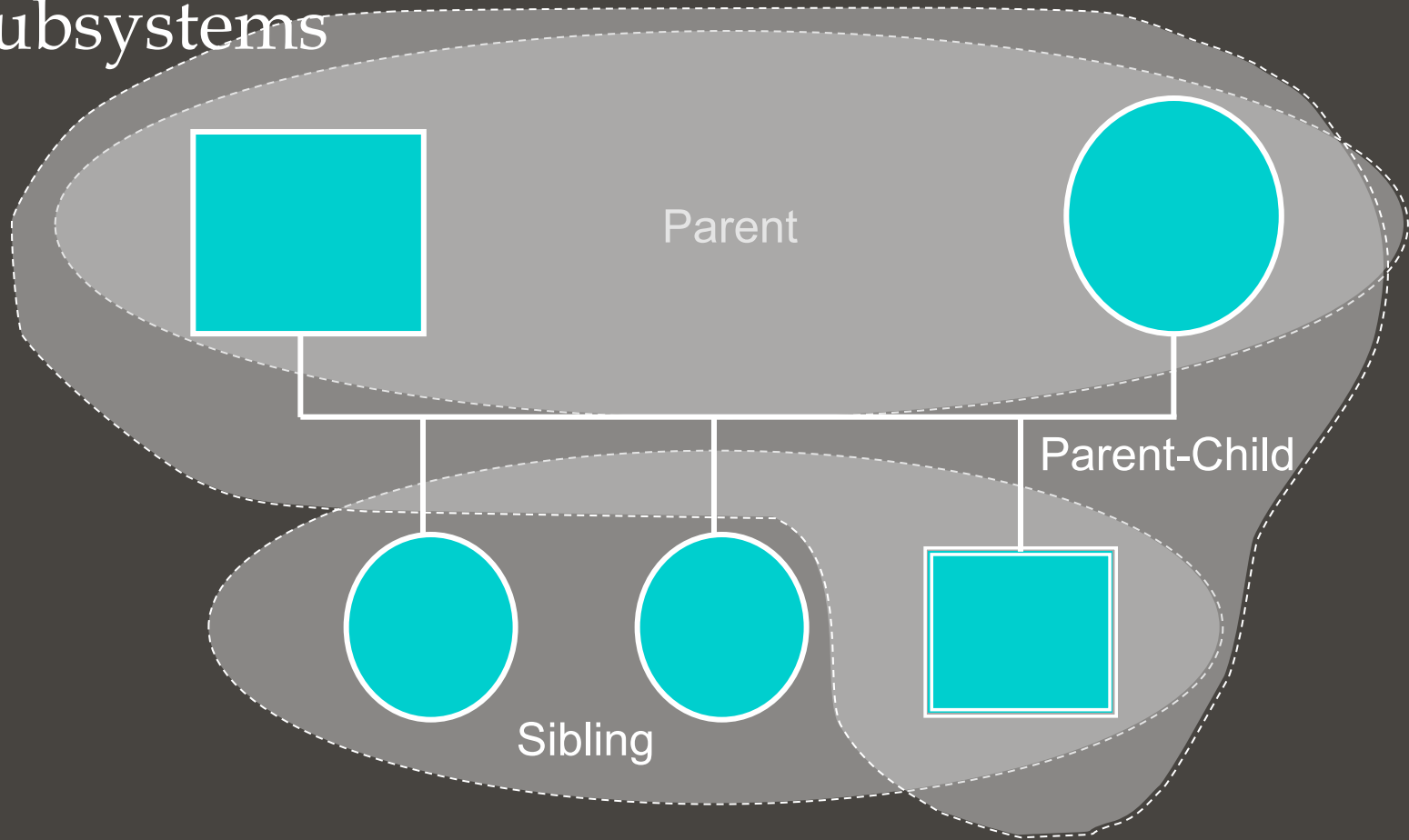
The Family System

⦿ Homeostasis

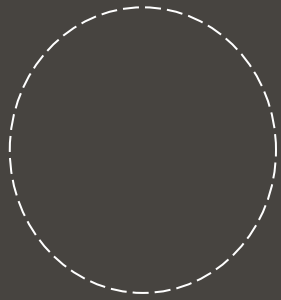
- “A balancing act”
- Just as a thermostat keeps a room at “room temperature,” homeostasis functions to maintain family behaviors in a stable range.
 - Adult child gambles and gets into severe credit card debt; parents pay off all debt to help adult child.

The Family System

Subsystems



Boundary Continuum



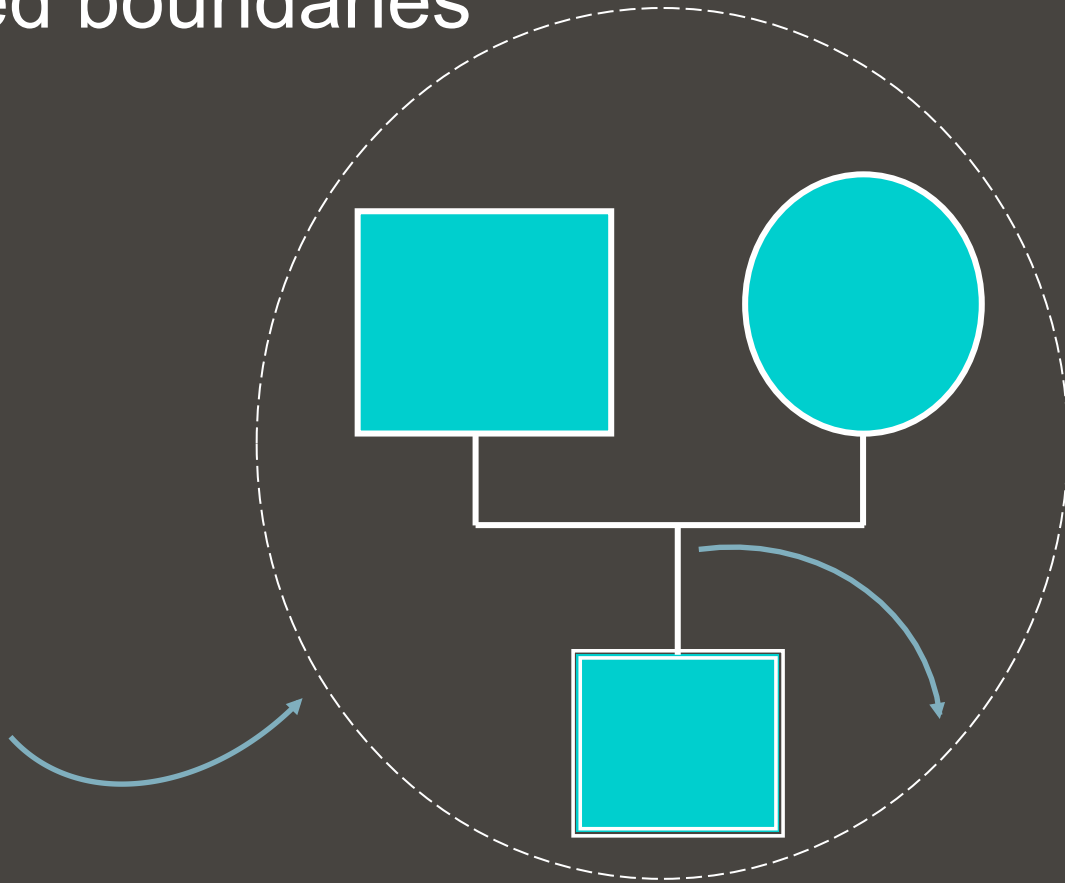
closed

open

diffuse

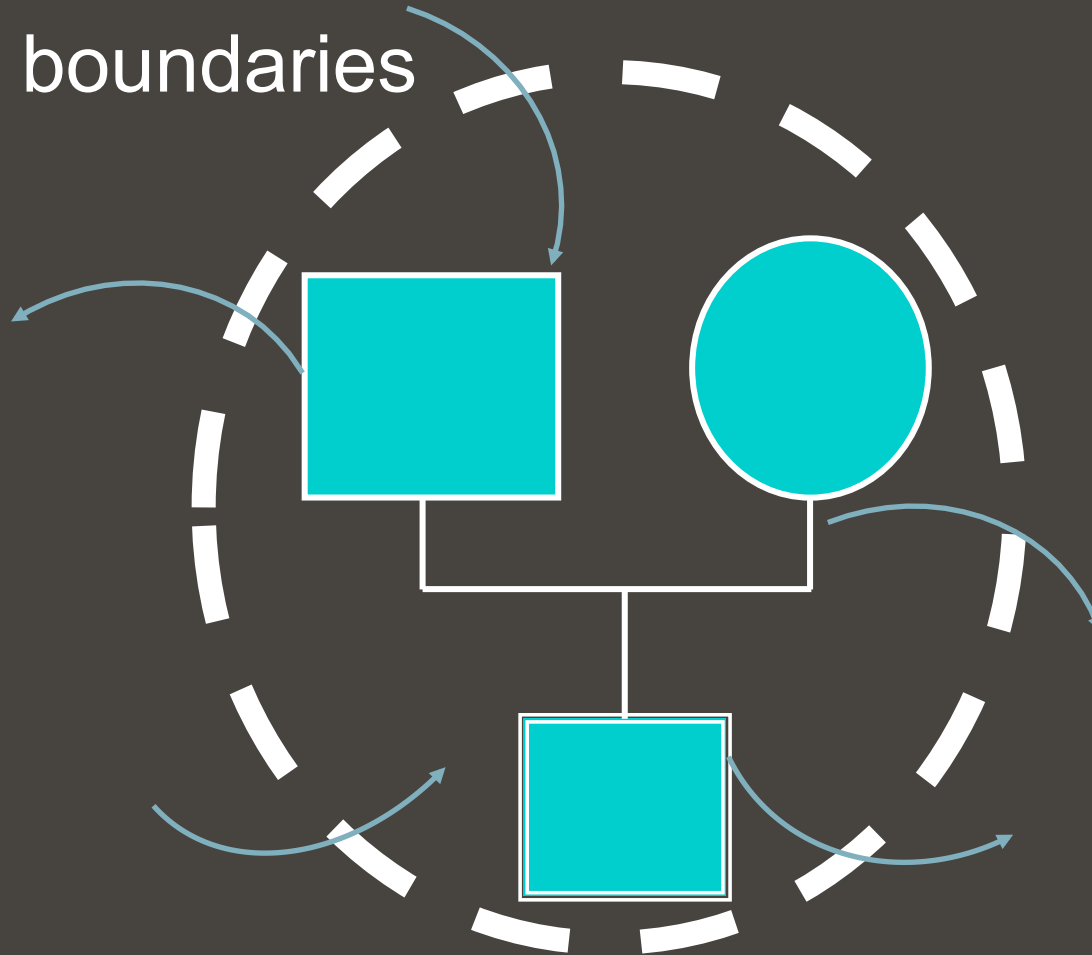
The Family System

Closed boundaries



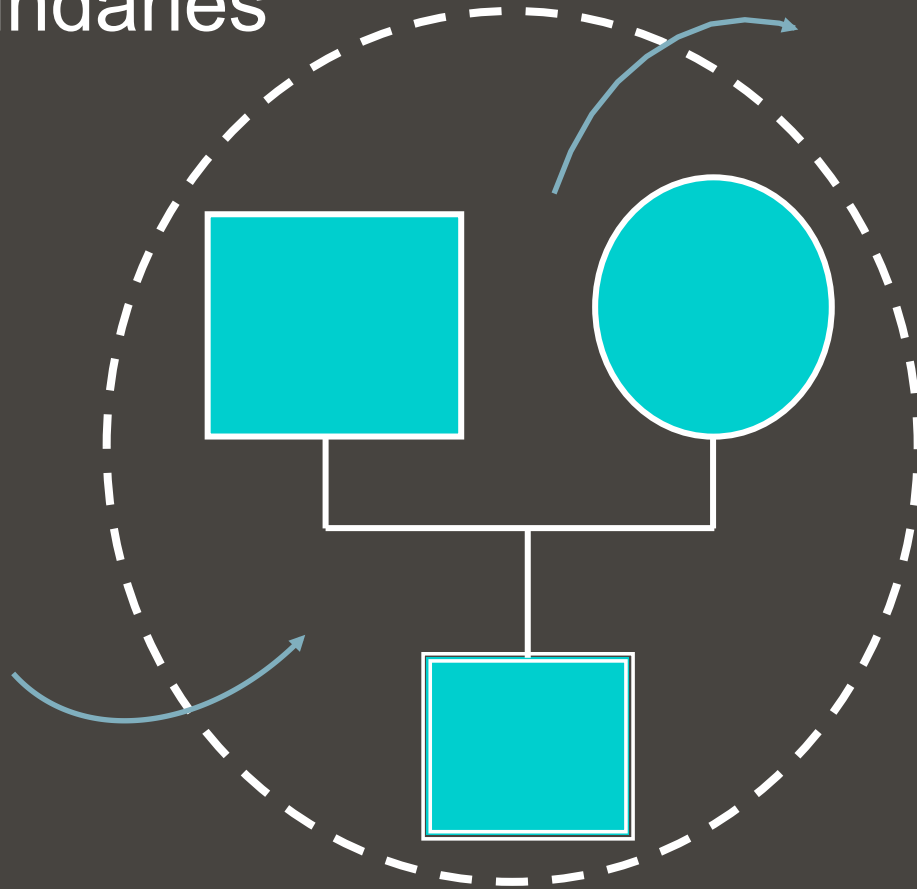
The Family System

Diffuse boundaries



The Family System

Open boundaries



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.*

The Family Systems Perspective

- Symptoms – are viewed as an expression of a dysfunction within a family
- Symptoms appear in one of five places
 - In a parent, between parents, between parent and child, between children, or in a child.
- How might this symptom, even though it appears to involve only one person, be serving the whole family?
- How is this symptom a solution?
- What would be going on if this symptom did not exist?

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

The Family Systems Perspective

◎ Family

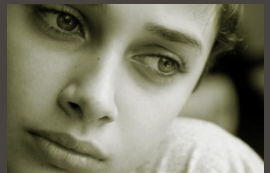
- Is an interactional unit
- Has developmental stages, just like individuals
- Families must reorganize to accommodate the growth and change of their members
- Change in one member or generation effects all members

Redefining Family

ONE-PERSON	NUCLEAR	NUCLEAR	NUCLEAR	NUCLEAR	COMPOSITE	NUCLEAR	NUCLEAR	NUCLEAR	COMPOSITE
One-person household 	Married couple 	Married couple, kid 	Married couple, 2 kids 	Parent, 1 kid 	Householder, friend or partner 	Married couple, 3 kids 	Parent, 2 kids 	Married couple, 4 kids 	Parent, kid, friend or partner 
NUCLEAR	COMPOSITE	EXTENDED	COMPOSITE	EXTENDED	EXTENDED	EXTENDED	EXTENDED	EXTENDED	EXTENDED
Parent, 3 kids 	Householder, non-relative 	Householder, sibling 	Parent, 2 kids, friend or partner 	Householder, parent 	Parent, kid, grandkid 	Householder, grandkid 	Married couple, grandkid 	Married couple, kid, grandkid 	Householder, relative 
COMPOSITE	COMPOSITE	NUCLEAR	NUCLEAR	EXTENDED	COMPOSITE	COMPOSITE	EXTENDED	EXTENDED	EXTENDED
Group of 3 friends 	Parent, 3 kids, friend or partner 	Married couple, 5 kids 	Parent, 4 kids 	Married couple, grandparent 	Householder, friend, non-rel. 	Parent, kid, non-relative 	Parent, kid, 2 grandkids 	Married couple, relative 	Married couple, 2 kids, grandkid 
EXTENDED	EXTENDED	EXTENDED	COMPOSITE	COMPOSITE	EXTENDED	COMPOSITE	EXTENDED	EXTENDED	COMPOSITE
Married couple, 1 kid, 2 grandkids 	Married couple, 2 kids, relative 	Householder, kid, parent 	Non-related group of 3 	Married couple, non-relative 	Married couple, kid, parent 	Group of 4 friends 	Parent, 2 kids, grandkid 	Parent, kid, grandparent 	Married couple, kid, non-relative 
EXTENDED	EXTENDED	EXTENDED	EXTENDED	NUCLEAR	EXTENDED	EXTENDED	NUCLEAR	EXTENDED	COMPOSITE
Married couple, relative 	Married couple, sibling 	Married couple, 2 kids, parent-in-law 	Parent, kid, sibling 	Parent, kid, stepkid 	Householder, 2 parents 	Married couple, kid, parent-in-law 	Married couple, 6 kids 	Married couple, 2 grandkids 	Parent, 4 kids, friend or partner 

Families of Problem 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 (23-40% - *Gerstein et al 1999 and Bland, Newman, Orn & Stebelsky 1993*)



PROBLEM & PATHOLOGICAL
GAMBLING: WORKING
WITH THE FAMILY

Problem & Pathological 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.)

Problem & Pathological Gambling: Working with the Family

◎ Think Family First.

- More Objective Data on the Gambler's Behavior
- Family Often Represents the Ultimate Level of Motivation for the Gambler
- 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).

Problem & Pathological Gambling: Working with the Family

- Couples Work Can Increase Compliance with Treatment Recommendations
- Couples Work Can Offer a Partners View to the Effectiveness of a Harm Reduction Plan
- After Transitioning to Individual/Group Work Periodic Couples Sessions “ensure maintenance of treatment gains

Problem & Pathological 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

Problem & Pathological Gambling: Working with the Family

Three Common Family Responses

(Ciarrocchi 2001)

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

Problem & Pathological Gambling: Working with the Family

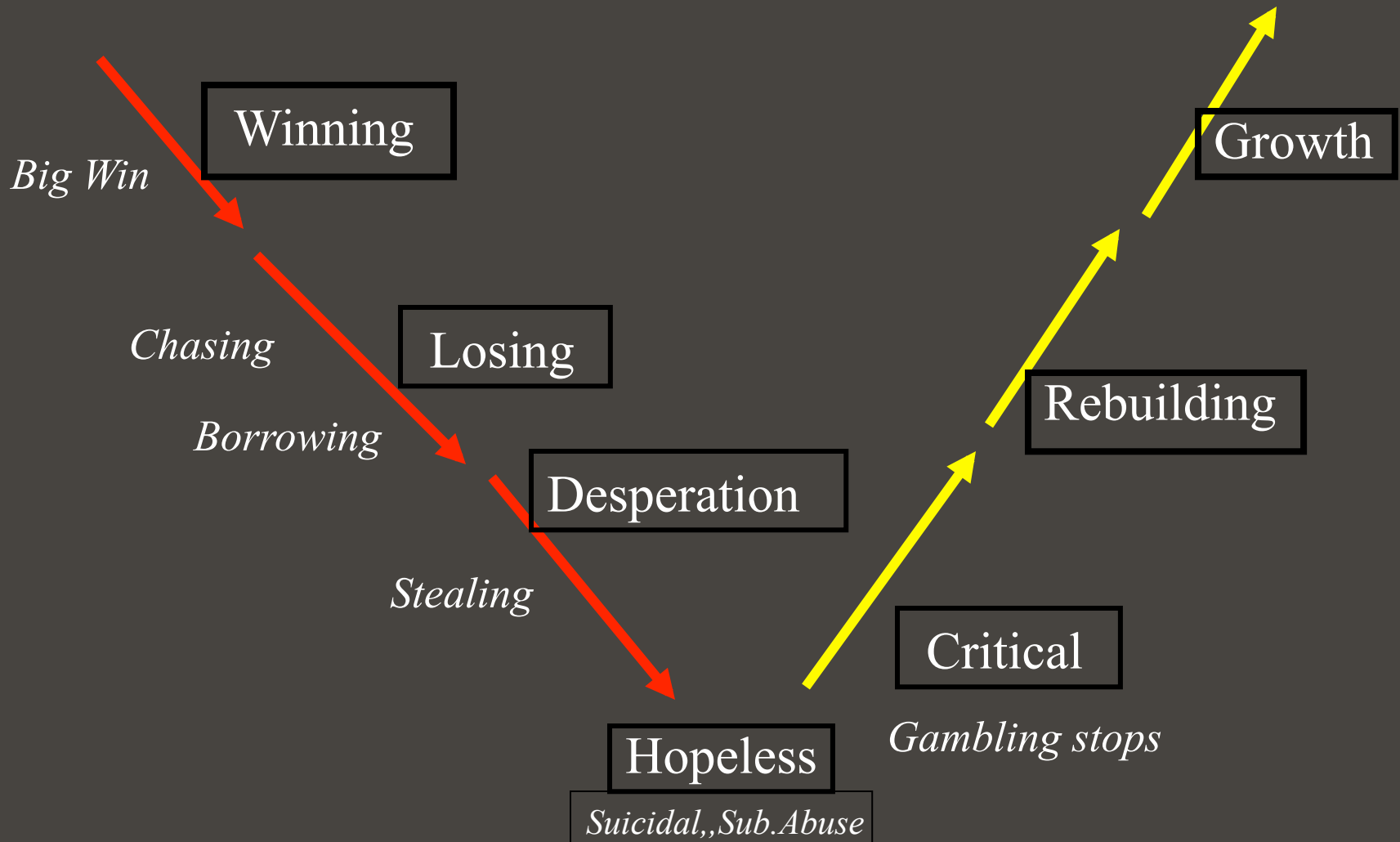
Three Common Family Responses

(Ciarrocchi 2001)

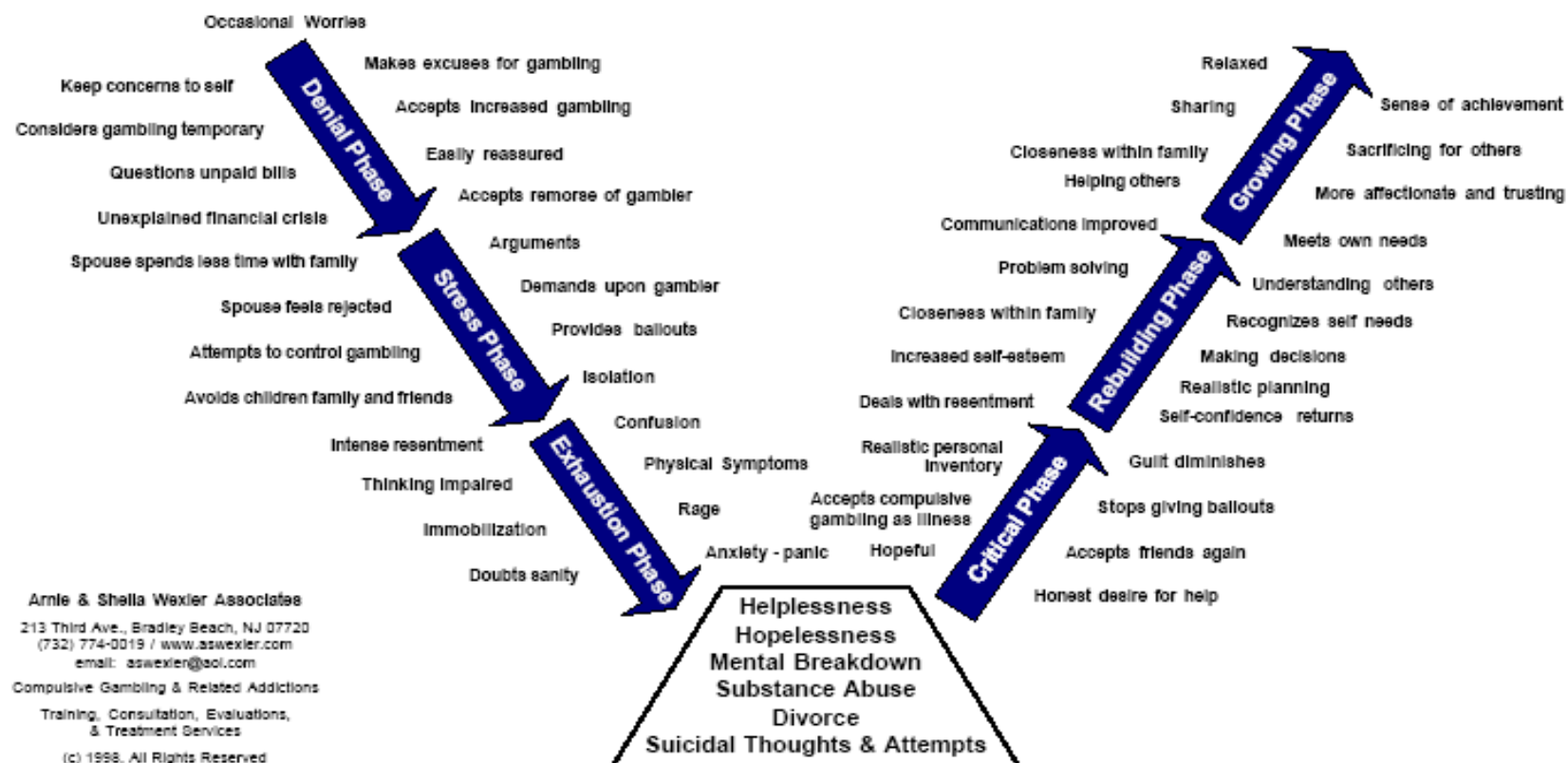
3. Family remains together, but with intense conflict. Regardless of gamblers abstinence family remains **chronically angry**.

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

Progression of Pathological Gambling



A Chart on the Effects of Compulsive Gambling on the Spouse



Family Treatment

⦿ Crisis Management

- Moved from Denial or Stress Phase
- Exhaustion Phase to Crisis

Family Treatment

⦿ Impact

- *Most commonly reported items*
 - Trust
 - Anger
 - Depression or Sadness
 - Anxiety
 - Distress (due to gambling-related absences)
 - Reduced Quality Time
 - Communication Breakdowns

Family Treatment

◎ Education

- Pathological Gambling as a psychiatric, biopsychosocial, spiritual, cultural disorder
- Role of and introduction to 12-step Groups
- Role of Budget and Pressure Relief or other financial/credit agencies
- On co-occurring psychopathology and risk factors as well as pathological gambling
- Coping with suicidality

Family Treatment

◎ Education

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

Family Treatment

- ① Assess needs for Brief Couples / Marital Counseling / Family Counseling / Individual
- ① Include appropriate family/support members in treatment and discharge planning
- ① Include appropriate family members in individual or group sessions

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

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

Family Treatment

- ⦿ Monitor levels of conflict
- ⦿ Assertiveness and Communication Skills Training
- ⦿ Coaching on financial issues and decision making
- ⦿ May need money manager outside of family

Family Treatment

- ⦿ Dealing with Toxic Anger
- ⦿ Control vs Involvement (limit setting with family members)
- ⦿ Family pathology often severe
- ⦿ Family offers little or no support
- ⦿ No local self-help resources
- ⦿ Family pathology & money management

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

Cost / Benefit Analysis

- ⦿ What are the **benefits** from gambling or from living with a gambler?
 - Long term / short term
- ⦿ What the **costs** of gambling or living with a gambler?
 - Long term / short term

Cost / Benefit Analysis

- ⦿ What are the **costs** of recovery for gambler and for family?
 - Long term / short term
- ⦿ What are the **benefits** from recovery for gambler and for family?
 - Long term / short term

Action : Bail Out

Payoff	Importance (benefit)	Price	Importance (cost)

Alternative Action : No Bail Out

Payoff	Importance (benefit)	Price	Importance (cost)

Family Treatment: **Special Issues**

- ⦿ When the gambler is not involved in recovery
- ⦿ When the gambler is involved in recovery

Problem & Pathological Gambling: Working with the Family

- Narcissism exaggerates a client's defensiveness, reducing ability to empathize with partners.
- Exaggerated optimism, a needed illusion to continue with problem gambling is linked to entitlement.
- Hypersensitivity to criticism is part of a gamblers defense.

Problem & Pathological Gambling: Working with the Family

- ⦿ Social cognitive psychology states trauma shatters basic assumptions in our worldviews (*Janoff-Bulman, 1922, 1999*).
- ⦿ Views fundamental to how the world operates. Such as:
 - 1. The world is a good place
 - 2. People get what they deserve
 - 3. I have self worth

Problem & Pathological Gambling: Working with the Family

- If bad things happen to me, what does that say about me?
- One way we make sense of trauma is to blame ourselves- it is easier to accept negative self views than a disordered world.

Problem & Pathological Gambling: Working with the Family

- Treatment needs to address these concerns and offer alternative assumptions about the world and one's self-worth.
- The developmental time lag has often left the gambler in a contemplation stage for some time, continually processing and reprocessing available data before deciding to change.
- Families are often shocked, surprised or devastated with the scope of the gambling problem
- Families are forced to process “on the run” while trying to cope with crises

Problem & Pathological Gambling: Working with the Family

- ◎ Useful leads in clinical intervention:
Trust, Fairness and Self-esteem.
- ◎ A trauma-recovery model explains the nature of the family's feelings, attitudes and behavior.
 - Seeking Safety Model is becoming more popular and an effective approach

Problem & Pathological Gambling: Working with the Family

- ⦿ First goal is supporting the gamblers desire to recover.
- ⦿ Couples work accomplishes this through:
 1. Developing environmental controls
 2. Working towards financial recovery together
 3. Handling legal issues
 4. Providing a forum for the partner to ask questions & ventilate
 5. Give feedback on the gambler's behavior,
 6. Obtain emotional support

Problem & Pathological Gambling: Working with the Family

Integrative Behavioral Couples Therapy
(IBCT) suggests (Jacobson & Christensen 1996) :

1. Regularly discuss differences between the couple- this is to reinforce seeing the problem as an “it”
2. Discuss upcoming events in light of their differences anticipating potential conflicts

Problem & Pathological Gambling: Working with the Family

Integrative Behavioral Couples Therapy
(IBCT) suggests (Jacobson & Christensen 1996) :

3. Therapist and couple would process recent negative events with empathic joining to diminish negative feelings around unpleasant exchanges
4. Process positive events reinforcing how each contributes through tolerance and acceptance of each other's difference

Problem & Pathological 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

Problem & Pathological 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.

Problem & Pathological Gambling: Working with the Family

- ◎ Present the couple with a 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...

Problem & Pathological Gambling: Working with the Family

- Disarmament: gambler describes the “tricks of the trade” (Ciarrocchi 2001) to partner allowing for distancing and warning signs of gambling.

Problem & Pathological Gambling: Working with the Family

◎ Countertransference Issues:

- Anger at gambler for damage done to family-joining family in anger and revenge.
- Narcissism may catch the therapist in front of the family demonstrating their superiority or putting down the client.
- Some therapists find the gambler intimidating.
- If abstinence is a goal and client fails some therapists feel a sense of failure
- Amount of money lost gambling may be difficult for therapist to fully understand

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 the family to re-engage in treatment if needed

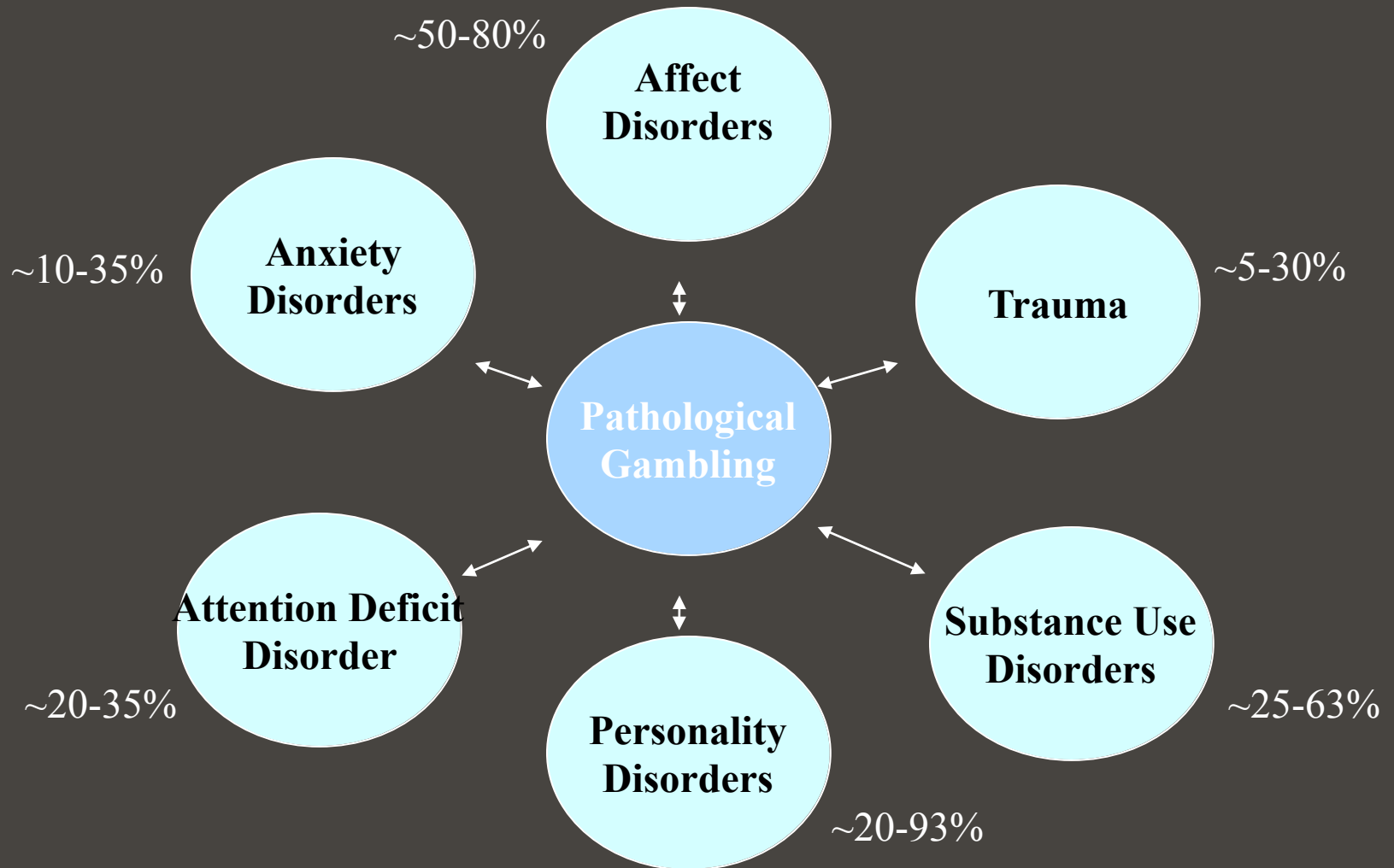
Family Reassessment & Discharge Planning

⦿ Final Assessment

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

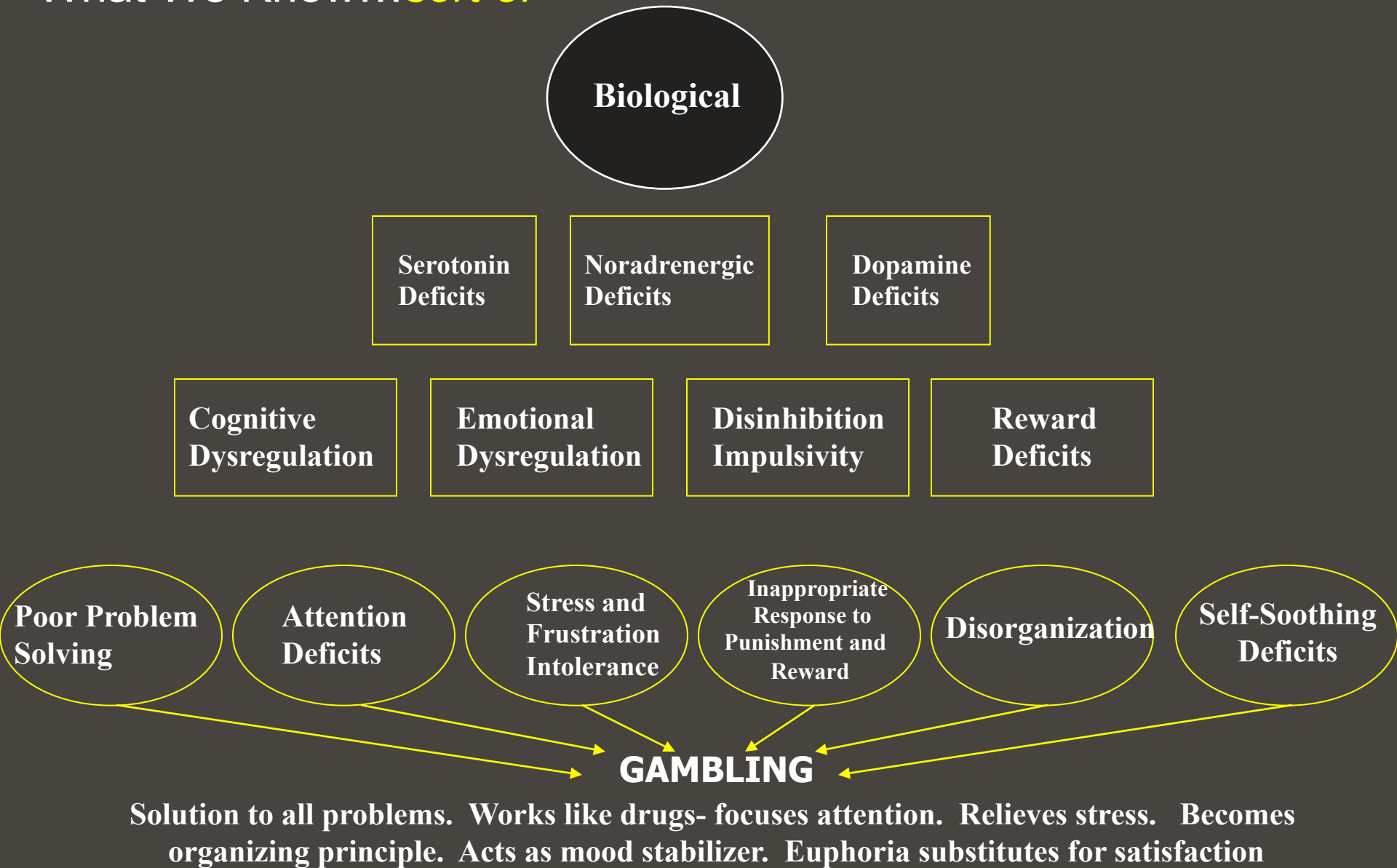
Maneuvering thru the Jungle of Co-Occurring Disorders & Gambling Treatment

Psychiatric Comorbidity in Pathological Gamblers in Treatment



(L. Rugle '00 SAMHSA White Paper)

What We Know...*sort of*



Psychological

**Trauma/
Abuse**

**Chaos/
Neglect**

**Over
Indulgent**

**Dysfunctional
Self-Object
Relations**

**Affective
Lability**

**Dysfunctional
Core Beliefs**

**Avoidance
and
Omnipotence**

**Ego
Deficits**

**Inadequate
Coping Skills**

**Self-
Deception**

**Stress and
Frustration
Intolerance**

**Irrational
Thinking**

**Identity
Confusion**

**Self-Soothing
Deficits**

Pathological Gambling

Illusion of control and fantasies of power and success. Allows escape from intolerable emotions.
Creates fantasied identity. Belief in gambling as only solution and escape.
Reenacts trauma and loss with illusion of gaining control. Regulates affect.

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

Depression

- Major depression, dysthymia, bi-polar I & II
- Research indicates PG's are at least **3x's** more likely to meet criteria for: depression, schizophrenia & alcoholism. And the depression preceded the gambling problems. (*Cunningham-Williams '98*)
- 76% PG's in Tx met criteria for a major affect disorder. 38% of PG's in the VA were diagnosed with hypomania (*McCormick '93*)

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

◎ Suicide

- Literature reports a strong relationship with suicide and P.G. (*Moran '69, McCormick et al, '84, Ladouceur et al, '94, Frank '91*) 20% of G.A. sample had attempted suicide, and 77% had thoughts of committing suicide.
- One Canadian study from Alberta found a 13.3% attempt rate for PG's vs. 4% for the general population.
- Studies done with only treatment populations, no controls and generally without multivariate analysis means connections of PG must be viewed with caution.

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

⊙ Anxiety Disorders

- Generalized Anxiety
 - Panic attacks
 - Phobias
-
- 12.5% PG's in Tx. (*Roy '88*) to 28% GA sample (*Crockford and el-Guebaly '98*)

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

- Treatment strategies encourage the use of appropriate psychopharmacological agents WITH (cognitive behavioral therapy) counseling.
- Seek a psychiatric consultation sooner rather than later to assess for the use of medications.

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

◎ Research indicates:

- ADHD (*Rugle & Melamed '93, Specker et al '95*) evidence suggests a higher incidence of ADHD among PG's though samples were small.
- Need longitudinal view to “determine the progression from attention problems to other problems including PG.” (NRC –'99)

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

Personality disorders- scapegoat or got your goat?

- ⦿ Among pathological gamblers Axis II disorders range from: Australian all time high's at 93% (I don't believe it either?) to a low of- 5-15%. *Specker studies

**very small sample sizes*

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

- ⦿ Antisocial Personality Disorder among prisoners rates could be as high 12-30%, (*Lesieur '87*).
 - *Shaffer et al.(1999) Treatment/Prison Level 3 (14%)*
- ⦿ Cluster B personality disorders may be more common among Action PG's in Tx. (*Rugle, Specker*).

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

- Women are less likely than men to abuse alcohol and rates of illicit drug use is lower;
- However, more female gamblers report lifetime use of psychiatric medications, abuse of medications and medication use at the time of seeking treatment (Potenza et al 2001; Toneatto & Skinner, 2000)

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

A 2007 study of adults (n=78) enrolled in state-supported out-patient services for pathological gambling and regularly attending Gamblers Anonymous meetings

- Co-Occurring Behaviors - 76.6%
- Multiple Co-Occurring Behaviors - 55.8%

Participants with multiple co-occurring behaviors were more likely to report that a co-occurring behavior increased the severity of their gambling symptoms.

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

Massachusetts study of 9,578 individuals –

to assess gambling participation, problem gambling status, awareness of prevention programs and use of mental health services to treat gambling disorders

- Problem Gambling prevalence rate of 1.8%
- Co-occurring mood and substance use disorders of respondents with gambling problems included:
 - binge drinking - 53.6%
 - tobacco use - 31.7%
 - depression - 30.7%
 - illegal drug use - 23.6%

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

Tobacco Use

Of a sample (n=465) of treatment-seeking subjects with PG diagnosis, those with daily tobacco use were compared to those without daily tobacco use on measures of gambling symptom severity (SOGS), types of gambling, social and legal problems, and co-occurring disorders

Results

- 209 (44.9%) reported current daily tobacco use
- Gamblers with daily tobacco smoking as compared to those without had higher SOGS scores, endorsed more DSM PG criteria, lost more money gambling, were more likely to engage in non-strategic gambling, and were less likely to have a co-occurring mood disorder
- Gamblers with daily tobacco use & current substance use disorder reported a greater percentage of past year income lost due to gambling

Grant et al, 2009

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

Role of comorbid substance abuse & dependence and mood disorders in the outcome from pathological gambling

- Sample of pathological gamblers who had recently quit gambling (N = 101) was followed and data was available for:
 - 83% of participants at 3 months
 - 80% at 12 months
 - 52% at 5 years.
- Lifetime mood disorder or drug diagnosis predicted lower likelihood to reach a minimum 3 month period of abstinence
- Those involved in gambling treatment were more likely to have a minimum 12 months of continuous abstinence

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 Problem (18.6%) and Disordered Gambling (10.9%) gambling 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

CRIMINAL POPULATION

Committing Crime - profiles

- ◉ Gambler who commits crime
- ◉ Criminal who gambles

Problem Gambling and Crime

- ⦿ % of problem or pathological gamblers among arrestees was 3 to 5 times higher than general population
- ⦿ 1/3 of arrestees identified as pathological gamblers admitted to committing robbery in previous year
- ⦿ 13% had assaulted someone for money
- ⦿ Pathological Gamblers more likely to have sold drugs than other arrestees (NIJ July 04)

- ◎ Being behind bars is likely to worsen the gambling habits of many compulsive or pathological gamblers
 - Gambling is difficult to control in prison and jails
 - It is a diversion from monotony
 - Arrestees and inmates may accrue significant gambling debts behind bars that can only be paid off by committing further crimes after release

Gambler who is convicted

- How to support their recovery before sentencing
- How to provide testimony to the legal system regarding sentencing considerations

GAMBLING & THE LAW

Gambling & Legal Issues



- ◉ To confess or not to confess: The gambler who is not willing to deal with legal issues
 - Assess prior history
 - Assess co-morbidities, especially ASPD
 - Assess potential for harm to client and others
 - Duty to warn?
 - Enabling vs. Enhancing Motivation
 - Continuing vs. Discontinuing treatment

Gambling & Legal Issues



- ◎ Talking about unresolved legal issues
 - Informing client of documentation requirements
 - How specific do you need to be?
 - Limits of confidentiality in group therapy and Gambler's Anonymous

Gambling & the Law



The pathological gambling disorder and it's role in the criminal justice system:

- ⦿ Are pathological gamblers liable for their actions ?
- ⦿ Do they operate from free will or are they “ill?”
- ⦿ Is this an issue of misconduct, willful intent. Committed with reason?

Gambling & the Law



- ◎ 1843 – M'NAGHTEN
 - Cognitive test- used across jurisdictions
 - States the client does know right from wrong
- ◎ Does the client know the nature and quality of the act committed?

Gambling & the Law



- ⦿ Volition Test- Power to choose right over wrong
 - “*unable* to resist...” vs. *failure* to resist
- ⦿ Chronic and progressive *failure* to resist the impulse to gamble
- ⦿ (ALI) = American Law Institute
 - Cognitive Prong....Volitional Prong

Gambling & the Law



◎ FRYE TEST:

- Disease vs. Defect
- Examine the nexus between disease and actual charges
- Are charges for illegal gambling?

- ◎ Legal system tries to protect society from gambling: limits casino advertising, funds treatment programs

Gambling & the Law



Legal terms and clinical terms are often different.

Legal	Clinical
compulsive disease	pathological disorder
habitual gambler	problem gambler

- insanity is a legal not a medical term.

Gambling & the Law



- ◉ Gambling has been considered a vice in the legal system for many years.
- ◉ In other states, police departments still place gambling crimes in the “vice” squad with drug and prostitution crimes.
- ◉ Is the client insane and not responsible, morally weak, or deserving of punishment

Gambling & the Law



- Is the gambler to blame, are they “ill?”
- The legal system does not punish the “ill,”
- They are relieved of responsibility if they have MR or psychosis – insane.
- One case did find the gambler innocent because the expert testimony stated the man was a pathological gambler and that was why he stole over \$100,000 from a widows and orphans fund (Conn. 1981) but...

Gambling & the Law



- Since he was innocent by reason of insanity he was committed to the State Hospital for care and “treatment.”
- Since Hinckley- the insanity defense has been abandoned as recommended by gambling treatment experts.
- Mitigating Circumstances are the focus of defense of a pathological gambler

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Mitigating circumstances have been used successfully in:

- ◉ Disbarments
- ◉ Tax Cases
- ◉ Bankruptcies
- ◉ Divorce
- ◉ Civil Cases
- ◉ Criminal cases
 - Embezzlement, bad checks, larceny, forgery, etc.
- ◉ Personal Injury Claims
- ◉ Against Casinos

Gambling & the Law



Key to Care:

- ◎ Assessment- is client a pathological gambler?
 - Assessment by trained and competent clinicians
 - Use of valid and reliable instruments eg. SOGS, DIGS
 - Meet DSM-5 criteria
- ◎ Are there any co-occurring disorders?

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- ◎ Counselor as a Witness of Fact
 - Summary of the biopsychosocial-spiritual assessment
 - Concise report of only relevant information
 - Include all relevant test results
 - Gambling, Substance Abuse, Affect Disorders etc.
 - Mitigating conditions

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- ⦿ Note any relevant information about family therapy sessions
- ⦿ Comment briefly on each of the 5 R's
 - Remorse
 - Repentance
 - Restitution
 - Rehabilitation
 - Recovery



Gambling & the Law

◎ Alternative Sentencing Strategies

- IF appropriate and therapeutic
- Very specific
- Tx (*Level of Care, Intensity, Network of services*)
- 12-Step Programs (How many meetings, sponsorship, etc)
- Specific budget and restitution plan

◎ Prognosis

- Cycle of recidivism?

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- ◉ Probation Reporting
 - Simple and factual
 - Gambling as a probation violation
 - How many relapses are too many?
 - Increasing treatment intensity vs. incarceration?
 - Countertransference and probation reports

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- ⦿ Ethical commitment to promote education and awareness of problem gambling issues
- ⦿ Opportunity to educate the legal system

Gambling and the Law

- ⦿ Alcohol and Drug Addictions
 - Recognized in cases by the American Disabilities Act
- ⦿ Pathological Gambling
 - DOES NOT qualify for ADA recognition

Gambling & the Law



⦿ Cases against the Casinos

- Enticing – mailing promotions
- Not informing consumer of risks
- Extending credit
- Self-exclusion

Resources and References

- ◉ Don't Leave it to Chance – E.J. Federman, C.E. Drebing & C. Krebs
- ◉ Counseling the Problem Gambler – J. Ciarrocchi
- ◉ Losing your shirt – M. Heineman
- ◉ Behind the 8-Ball – L. Berman & M.E. Siegel
- ◉ Personal Financial Strategies for the Loved Ones of Problem Gamblers – National Endowment for Financial Education and National Counseling on Problem Gambling

Problem Gambling RESOURCES

The Department of Drug and Alcohol Programs
(DDAP)

For information on becoming a state
reimbursed provider, contact

Lisa Schmidt
Public Health Program Administrator

717-783-8200
lischmidt@pa.gov

Problem Gambling RESOURCES

Pennsylvania Gaming Control Board
Office of Compulsive and Problem Gambling

For more information on Self-Exclusion,
visit www.pgcb.state.pa.us

or contact

Liz Lanza

Director, Office of Compulsive and Problem Gambling

717-346-8300
elanza@pa.gov

Summary

- ⦿ Questions, comments, clarifications regarding the past 2 days
- ⦿ Between NOW and the next training
 - CCGP master referral list
 - Resume, Certificate of Liability & Contact Info
 - 100 hours – start building & logging hours

Thank You!

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