

The Council on Compulsive Gambling
of Pennsylvania, Inc.

DAY 4:

Treatment Strategies

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Different Approaches - History

- Psychoanalytical Theories
 - Narcissistic personality traits
 - “Bad Beat” theory – experienced several unhappy life events
- Physiological Theories
 - Biological predisposition
 - The brain’s gratification system

Different Approaches - History

- Behavioral Theories
 - Learned behaviors (positive reinforcement)
- Cognitive Theory
 - Way an individual perceives their reality and problems
 - Erroneous perceptions
- Cognitive-Behavioral Theory
 - Gambling is associated with two types of reinforcement: intermittent monetary gain and physiological activation

Reinforcement/Punishment

Type of Event

Positive Event

Aversive Event

Presented

Positive reinforcement

Punishment

Removed

Punishment

Negative
reinforcement

Presented	Positive reinforcement	Punishment
Removed	Punishment	Negative reinforcement

Reinforcement/Punishment

Type of Event

Positive Event

Aversive Event

Presented

Get what you
want

Get what you
don't want

Removed

Take away what
you want

Take away what
you don't want

Presented	Get what you want	Get what you don't want
Removed	Take away what you want	Take away what you don't want

Reinforcement/Punishment

Type of Event

Positive Event

Aversive Event

Presented	Gamble and win \$ \$ (+/+)	Gamble and Debt (+/+)
Removed	Gamble and lose \$ \$ (+/-)	Gamble and bailout (+/-)

Different Approaches – EBP

- Eclectic Approach
 - Motivational Interviewing
 - Stages of Change
 - Harm Reduction Approach vs Abstinence
 - Behavioral Approach
 - Cognitive Behavioral Approach
 - 12-Step Approach (GA/Gam-anon)
 - Individual sessions
 - Group sessions
 - Family Therapy

Comparison of Levels of Care

	Outpatient	Intensive Outpatient	Residential
Goal	Harm Reduction	Harm Reduction/ Abstinence	Abstinence
Severity	Problem gambling	Problem gambling	Gambling Disorder
Severity of gambling	Mild	Moderate	Severe
ASAM	Low to Moderate	Moderate	Moderate to High
Clinical Focus	Gambling then Mental health	Gambling and Mental health	Mental health then gambling
Clinical Focus	Change of gambling behavior	Change of causes and behaviors	Change of cause of gambling behavior

ASAM (American Society of Addictions Medicine)

Problem Gambling & Treatment Planning with ASAM Criteria

Adult Levels of care:

Level 0.5- Early Intervention

Level I - Outpatient Treatment

Level II - Intensive Outpt./Partial Hosp./ IOP

Level III- Residential/Inpatient Treatment

Level IV- Medically managed Intensive Inpatient Tx

Within these broad levels of service is a range of specific levels of care.

How do we treat PG?

- "Treatments that addressed both the cognitive (e.g. automatic thoughts, core beliefs, etc) and the behavioral (rewards and consequences) were most effective in reducing gambling pathology."

(Ladouceur, 2003)

Assumptions of CBT for PG

- Effective treatment of pathological gambling must address both the cognitive and the behavioral
 - **Cognitive:** erroneous thinking about chances of winning
 - **Behavioral:** intermittent reinforcement increases likelihood of gambling behaviors

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

Pretreatment Assessment

- Lie/Bet Test
- GA 20 Questions
- SOGS – South Oaks Gambling Screen
- NORC DSM Screen for Gambling Problems

- Diagnostic Interview on Pathological Gambling (DIPG)

Session 1: Motivational Enhancement

- Similar to Stages of Change
 - Advantages and Disadvantages
 - Daily Self-Monitoring Diary
- Clarify the goals the client wants to accomplish and move towards internal motivation

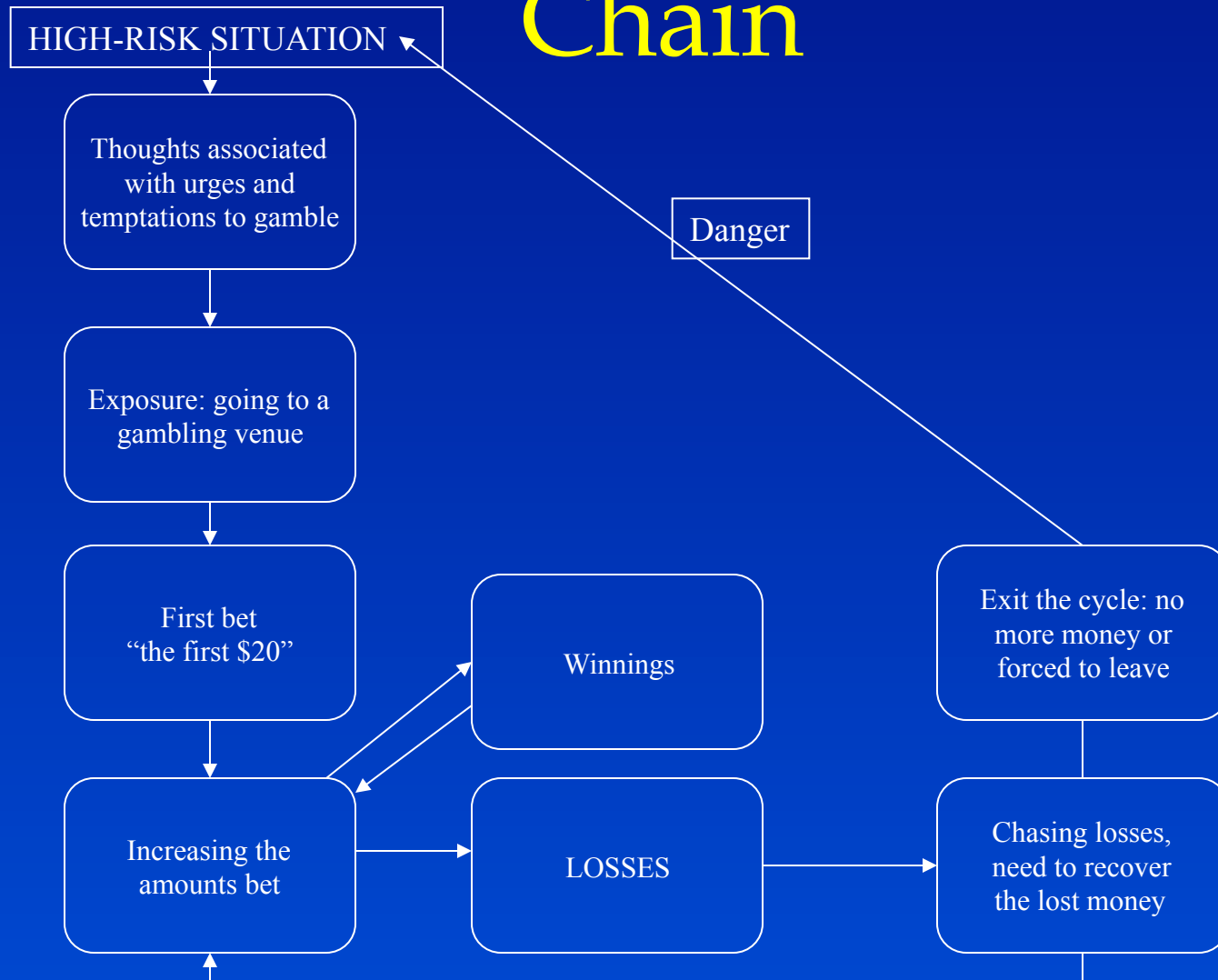
Sessions 2 & 3: Behavioral Interventions

- Exposure to gambling
- Financial situation
- Relationship problems
- Free time (escape or stimulation)
- Consuming alcohol or drugs

Behavior Theory

- Excessive gambling is a learned behavior
 - Monetary or financial gain
 - Winning an important sum of money during early gambling experiences
 - Excitement and stimulation (physiological activation)

Problem Gambling Behavioral Chain



Cognitive and Cognitive Behavioral Theories

Sessions 4-10: Cognitive
Interventions

CBT related to DSM symptoms

- Preoccupied with gambling
 - Use thought-stopping techniques, dysfunctional thought records, etc.
- Restless or irritable when attempting to cut down or stop
 - What thoughts are associated with attempts to cut down or thoughts? Use Downward arrow technique to identify core beliefs

CBT related to DSM symptoms

- Gambles as a way of escaping from problems or of relieving a dysphoric mood
 - Develop problem-solving skills
- After losing money gambling, often returns to get even
 - What beliefs are associated with returning to "get even?"
- Lies to family, therapist, or others to conceal the extent of involvement
 - How does the PG make it "ok" to lie?

Session 4

- Identify erroneous thoughts a gambler entertained before, during, and after a recent gambling session (if possible)
- Gather as much information as possible about the gambler's thoughts & behaviors

Gambler's Passion (exercise)



Gambler's Motivation

- **Pros** of gambling (positive consequences of gambling)
- **Cons** of giving up gambling (what I will lose if I stop gambling)
- **Cons** of gambling (the negative consequences of gambling)
- **Pros** of giving up gambling (what I will gain if I stop gambling)

Cognitive-Behavioral Therapy

- A – B – C – D
- Situation – Automatic Thought – Behavior
– Consequence

A - B - C - D

- I get my paycheck (A)
- I tell myself I can gamble a small part of this money and come out ahead (B)
- I gamble more than I planned to and lose more than I can afford (C)
- I feel upset and guilty (D)
- Trap: “gambling can help me come out ahead”

Sessions 8-10

- Challenge erroneous cognitions that affect the gambler
- Develop skills for challenging the erroneous thoughts
- Other Techniques?

Sessions 11 & 12

- Relapse Prevention
 - Harm Reduction vs Abstinence
 - Warning Signs
 - Slips vs Relapse

Post-Treatment Assessment

- Review DSM-5
- Review DIPG – Gambling Habits
- Behavioral Changes – have they created a reduction or cessation of excessive gambling behaviors

Follow-Up Assessment

- Maintenance Stage of Change

Difficulties Related to Treatment

- There is no such thing as chance
- Viewing games of chance as games of skill
- Believing in the idea of Control
- Gambling is exciting
- Refusing to change thoughts
- Tardiness, Absences, Missed appointments
- Lying during therapy
- Lack of cooperation
- Depression and Suicidal Ideation
- Financial Issues

Final Thoughts

- Individuals think differently when actually gambling compared to when they are not gambling (2003)
- Pathological gamblers process information in such a way to increase their conviction in their belief (chasing behavior)

Harm Reduction

Harm Reduction and Problem Gambling

- What is Harm Reduction?
- Is harm reduction for problem gambling comparable to harm reduction for alcohol and drugs?

Harm Reduction and Problem Gambling: Basic Principles

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

HARM REDUCTION THEORY

- CDC - AIDS/HIV: origin, course, prevention.
- Highest risk groups not I.V. users, nor gay males.
 - Fastest growing group of infected people are: *Teens* and heterosexual couples.
- Prevention prog. for Teens: Abstinence = 100%*
- What percentage of Teens will abstain?
- What about those who don't abstain ?
- Risk Reduction = *safer* sex or condom use.

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

Harm Reduction:

What is is and what it isn't

- *Based on “Change for Good” Prochaska and DiClemente and Jim Milligan & Tom Walker of Ontario YMCA Youth Gambling Project.*
- Harm Reduction is a way to break down barriers to engaging the client
- H.R. is a public health alternative to the moral/criminal and disease models
- H.R. recognizes abstinence as an ideal outcome but accepts alternatives that reduce harm or risk

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.

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

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

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

- H.R. is against harm, not against gambling
- It is in favor of *any* positive change as defined by the client
- Client's set their own rate of change, the best pace possible for each of us
- Can you develop a “not knowing stance” with your clients?

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

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

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?

Limited Gambling vs. Abstinence

Dimensions for Assessment

- **Gambling Behavior**
 - Gambling History
 - Cravings
 - Withdrawal Symptoms
 - Longest period of limited gambling/abstinence
 - Self-monitoring helpful

Limited Gambling vs. Abstinence

Dimensions for Assessment

- Life Problems
 - Whether or not related to gambling
 - Medical
 - Cognitive
 - Psychological
 - Financial
 - Occupational
 - Legal
 - Social/Family
 - Spiritual

Limited Gambling vs. Abstinence

Dimensions for Assessment

- Strengths and Support
 - Psychological
 - Intellectual
 - Employment/Financial
 - Support systems
 - Spiritual

Limited Gambling vs. Abstinence

Dimensions for Assessment

- **Family History**
 - Biological/Genetic risk factors
 - Addictions
 - Affective Disorders
 - Antisocial Personality Disorders
- **Motivation**
 - Client's perceived benefits vs. harm from gambling
 - Decisional Balance

Motivational Interviewing

Motivating Problem Gamblers

- Everyone is motivated, but not everyone is aware of their motivation
- Trapped by Ambivalence
- Conflict between Indulgence & Restraint

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

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

Mindful Motivational Enhancement

Role of the Therapist

- Provide Structure
 - Set Limits and Boundaries
 - Help gambler slow down and focus
- Encourage creative problem solving
 - Non-gambling options
- Interpret Gambler's Defenses

Mindful Motivational Enhancement

Role of the Therapist

- Help gambler understand the meaning of gambling
- Present reality objectively
 - Confront discrepancies, distortions, irrational thinking
- Encourage self-awareness and curiosity

Motivational Interviewing

- Counselor is not the expert
- Client has responsibility for change
- Strategies are more persuasive than coercive
- More supportive than argumentative
- Counselor seeks to create a positive atmosphere conducive to change

- **Motivation is a State of Readiness or Eagerness to Change**
 - This state can be influenced
 - Unmotivated or resistant clients occur when counselor uses inappropriate strategies
 - *No evidence to suggest confrontational, shaming, argumentative approaches work*
 - Such is not “sharing experience, strength and hope” (B. Wilson)

- **May Change the Counselor**
 - Avoids Argumentative Persuasion
 - Instead Operationally assumes the validity of clients subjective experiences and perspectives
- **Involves: Listening to, Acknowledging and Practicing Acceptance of:**
 - Client concerns, opinions, preferences, beliefs, emotions, styles and motivations
- *These are Principles & Strategies to Help Facilitate Change*

Five General Principles:

- Develop discrepancy
- Express empathy
- Avoid argumentation
- Roll with resistance
- Support self-efficacy

Use of FRAMES

- *Feedback*
- *Responsibility*
- *Advice*
- *Menu*
- *Empathy*
- *Self-efficacy*

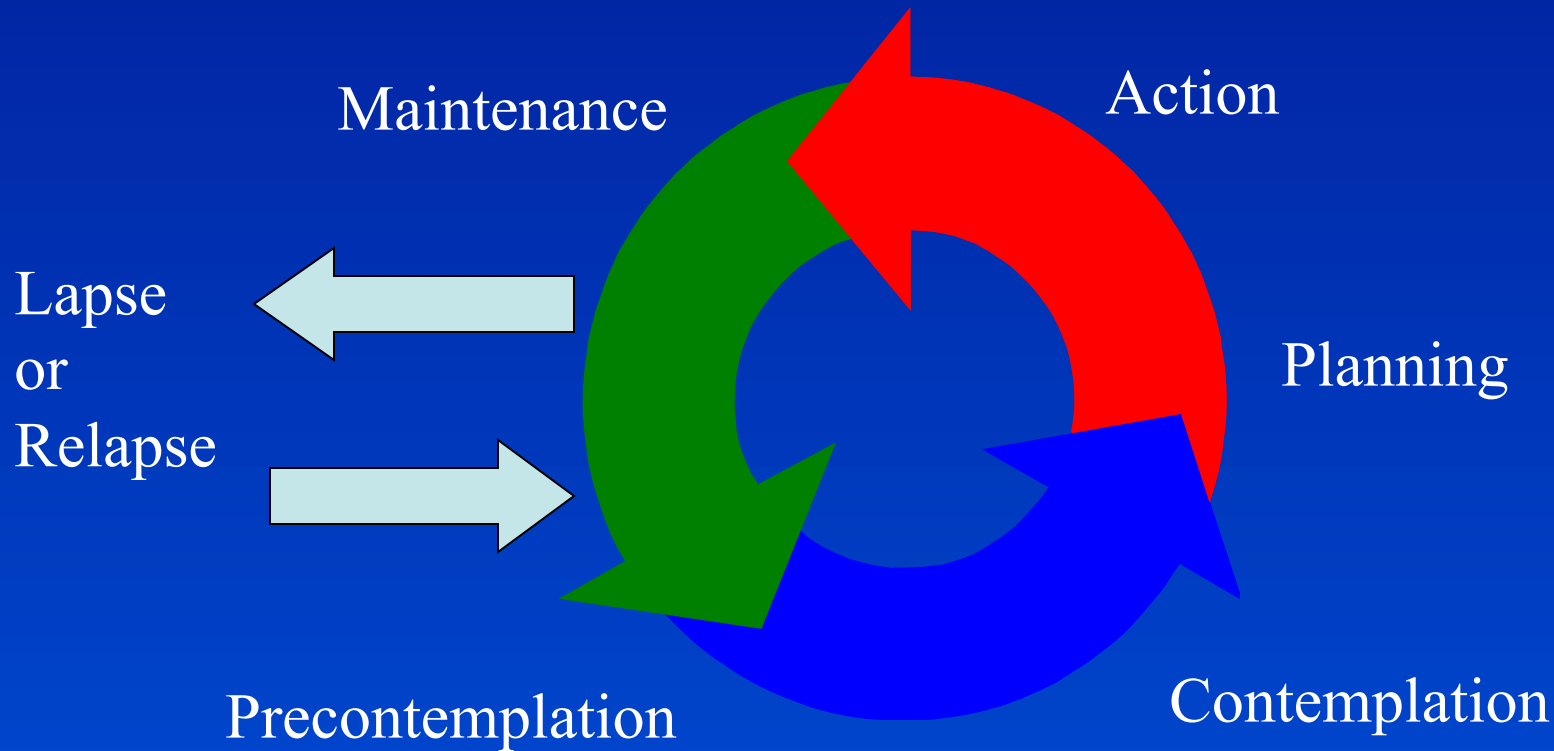
Effective Motivational Approaches:

- Giving Advice
- Removing Barriers
- Providing Choice
- Decreasing Desirability
- Practicing Empathy
- Providing Feedback
- Clarifying Goals
- Active Helping

Transtheoretical Model

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

Motivational Cycle and Stages of Change



Matching Intervention to Motivation

- Precontemplation – Where Client Is
 - Not thinking about change
 - Not see gambling as a problem – may even still see it as solution
 - 4 R's: Reluctant, Rebellious, Resigned, Rationalizing

Matching Intervention to Motivation

- **Precontemplation**

- Understand current gambling behaviors/patterns
- Understand nature of client's resistance to consider change
- Assess client's sense of self-efficacy
- Express empathy and acceptance
- Provide new information
- Identify client's goals for health & well-being
- **Goal – “Just think about it”**

Matching Intervention to Motivation

- **Reluctant**

- Key Issues – lack of knowledge & inertia
- Strategy – Empathic feedback, provide information & fuel for thought, patience & time
- **Goal** – Plant seeds, get client thinking of possibilities and alternatives

- **Rebellious**

- Key Issues – Strong investment in gambling behaviors, need to do things own way, stuck in adolescence
- Strategy – Don't argue, provide choices
- **Goal** – Shift energy used to maintain gambling towards contemplating change

Matching Intervention to Motivation

- **Resigned**

- Key Issues - Lack of energy, little hope, sense of being overwhelmed by problem
- Strategy - Explore obstacles to change and feedback on possibilities for coping with obstacles
- **Goal** - Instill hope to contemplate possibility of change

- **Rationalizing**

- Key Issues - Have all the answers - why not to change, why can't change, why don't need to change
- Strategy - Don't get into intellectual discussion, reflective listening (double-sided)
- **Goal** - Openness to questioning "pat" answers & to contemplation of change

Matching Intervention to Motivation

- Contemplation
 - Paradoxical Stage of Change
 - Willing to consider gambling a problem and possibility of change

HOWEVER...

- Ambivalence can keep client stuck

Matching Intervention to Motivation

- Contemplation

- Contemplation is not commitment
- Provide personally relevant information & feedback
- Cost-Benefit Analysis of gambling and of change
- Evaluate past attempts at changing gambling behavior
- Anticipate obstacles to change
- Work on enhancing coping skills and self-efficacy
- Small steps toward change and commitment

Goals:

- Decrease ambivalence
- Strengthen intention to change

Matching Intervention to Motivation

- **Determination/Preparation**
 - Commitment to stop gambling, doesn't make it happen automatically
 - Assess strength of client's commitment
 - Anticipate problems and pitfalls
 - Provide choices
 - Develop coping skills and specific action plan

Goal: Take action

Matching Intervention to Motivation

- **Action**

- Ready to implement plan
- Use therapy as reinforcement of commitment
- External support and motivator
- Help increase self-efficacy
- Can offer information about range of options for action and change
- Monitor change

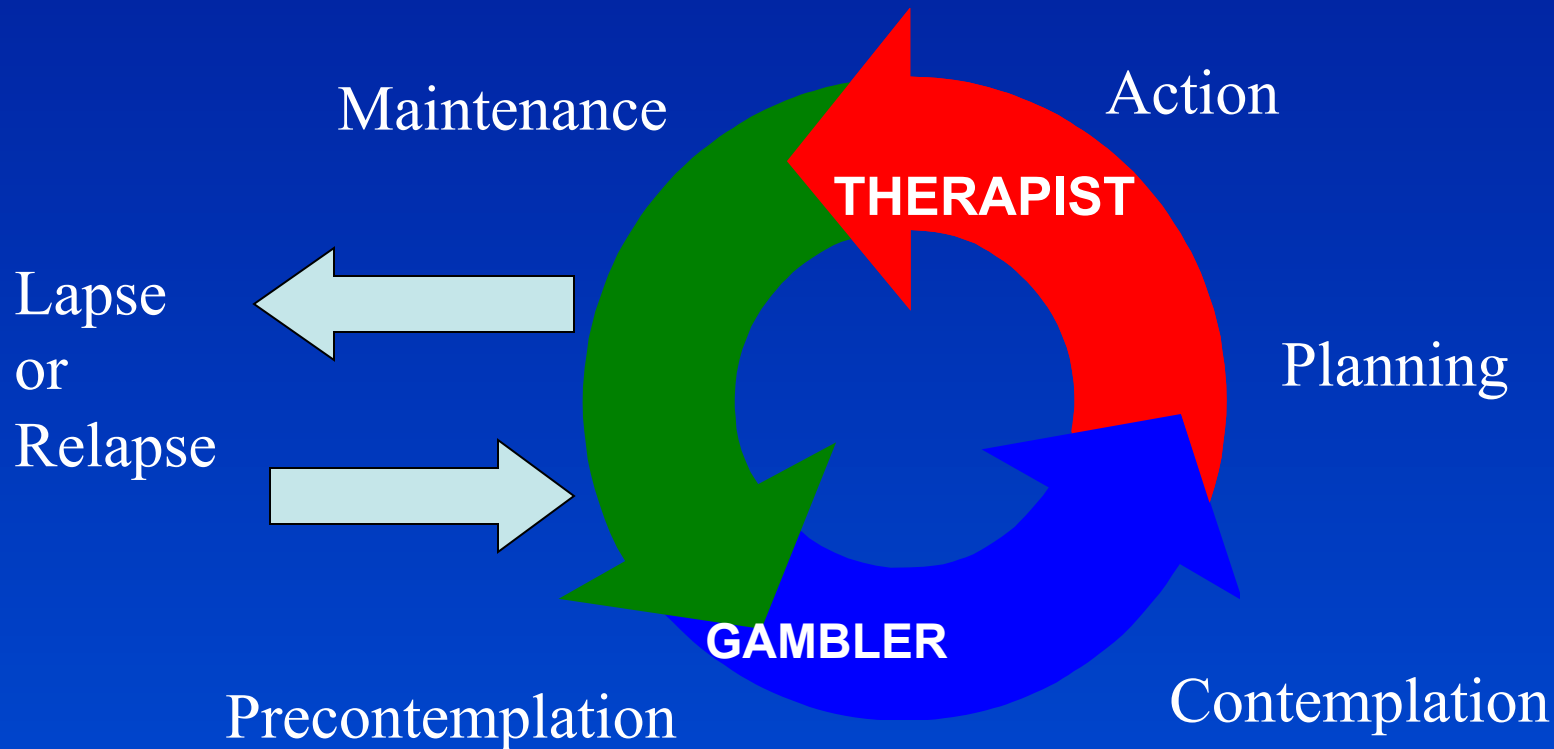
Goal: Support action and change

Matching Intervention to Motivation

- Maintenance
 - Relapse prevention and coping
 - Recycle through stages

Goal: Maintain new behaviors, continue positive change

Motivational Cycle: Therapist vs. Client



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.
- In conflict over some awareness of need to change gambling and reluctance to give up hopes, fantasies, familiar behavior
- If counselor argues for one side of the conflict, client will take opposing side

Motivational Traps



It's not that bad.
It's under control

You have a Big
Problem



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
 - How can the client “win” therapy
 - Listen
 - Empathic reflection
 - Elicit self-motivating statements

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"
- Labeling Trap
 - Labels can carry stigma
 - Can create power struggle - Client can feel trapped
 - Can lead to confrontation-denial trap

Motivational Traps

- Labeling Trap Solutions
 - De-emphasize label
 - If client raises the issue can respond with reflection and reframing

Difficult Clients: Client Resistance

- Client resistance is a therapist problem
- Extent to which clients “resist” is strongly related to therapist style
- Resistance from the interpersonal interaction of therapist and client
- Means there is something therapist can do about it

Difficult Clients: Styles of Client Resistance

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

Difficult Clients: Strategies

- Simple Reflection
 - Acknowledgement of client's opinion, disagreement, emotion, perspective, belief
- Amplified Reflection
 - State client's perspective in a stronger or more extreme form
 - Made in supportive manner – no sarcasm, impatience, ridicule
- Emphasizing Personal Choice and Control

Difficult Clients: Strategies

– Double-sided Reflection

- Helps express client's ambivalence
- Acknowledge what client has said and add the other side of client's ambivalence
- Voices what client has said previously not just therapist's opinion

– Shifting Focus

- Going around barrier, taking a detour

Difficult Clients: Strategies

- Rolling with Resistance
 - Agreeing in part with resistance and slightly changing emphasis or focus
- Reframing
 - Acknowledge validity of client's observations while offering a new interpretation
- Therapeutic Paradox

Difficult Clients: Strategies

- Self-Motivational Statements
 - Problem Recognition
 - Expression of Concern
 - Intention to Change
 - Optimism about Change

Difficult Clients: Strategies

- Eliciting Self-Motivational Statements
 - Evocative Questions
 - Cost-Benefit Balance
 - Elaboration
 - Describing Extremes
 - Looking Back
 - Looking Forward
 - Exploring Goals
 - Paradox

What would you say NEXT?

- I have not been gambling lately but think about it a lot. I sit and dream about the good times at the track and worry about that a little bit.

What would you say NEXT?

- I don't need to stop gambling. I need to cut down going to the casino, for sure, but I don't need to stop.

What would you say NEXT?

- Recovery stinks. I can't sit through a GA Meeting. They are so boring. I like to gambling and that's all I have to say.

What would you say NEXT?

- Why are you talking about my gambling?
I have financial problems and that made me depressed. Gambling has nothing to do with it.

Problem & Pathological Gambling Treatment Strategies

Use of Cheston's "Three Ways of Being:"

The way a counselor has of
being with a client;

The way a counselor has of
understanding a client;

The way a counselor
intervenes with a client.

Problem & Pathological Gambling Treatment Strategies

- *Being* – motivational interviewing, stages of change
- *Understanding* – self-regulation model, failure to exert control over feelings, beliefs, actions & motivation
- *Intervening* – cognitive behavioral processing's and relational skill building

Problem & Pathological Gambling Treatment Strategies

- Treatment Approaches –
 - Understanding that to date we have no controlled-outcome studies we will examine applied practice efforts. Such efforts are on their way to forming a best practice standard and build on my belief that most counselors do not practice exclusive use of one strategy but rather an eclectic use of several approaches to psychotherapy.

Problem & Pathological Gambling Treatment Strategies

Psychodynamic formulations: (Rosenthal & Rugle '94).

Examine the function and meaning of gambling.

- Therapeutic task is to address the explanation for gambling by confronting, clarifying, and interpreting.
 - Need to compete against others
 - Need for spectacular success
 - Need to rebel against authority
 - Need to attain freedom from emotional or financial dependency
 - Need for social acceptance, of belonging with gambling peers
 - Need to escape from painful or intolerable affect

Goal planning

- Setting goals, goal planning
- Recovery lifestyle
 - All aspects of one's life
 - Employment/career
 - Health
 - Significant other / romance
 - Financial
 - Spiritual / religion
 - Family / Friends
 - Physical environment

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

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

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

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

Financial Issues & Asset Protection Plans for Problem Gamblers

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

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 3 credit agencies
 - www.optoutprescreen.com
- Ask gambler to have paycheck automatically deposited & agree to a weekly budget

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

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**

Family Treatment: Financial Planning for Recovery

- CC Six Stage Model
 - Clarify Debt
 - Identify Expenses
 - Identify/Predict Income
 - Create Budget
 - Debt Repayment Plan
 - Money Protection Plan

Defining Budget

Income Source	Date Received	Paid To	Amt after Deductions

Defining Budget

Expense	Pay To	Due Date	Amt Due
Rent/Mortgage			
Gas			
Electric			
Water			
Taxes			
Food			
Phone			
Etc			

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.

Money 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

Financial Cases

Money Protection Plan

- Case examples - Mary:
 - 34 yr. old female, divorced single mother
 - Video poker gambler
 - Behind on rent, owes \$10,000 credit cards
 - Living with boyfriend who has been abusive
 - Estranged from family, except for younger sister -out of state
 - Works as waitress - employer very supportive
 - Father is accountant, has been very critical of Mary's gambling
 - Mother has been enabler in past

Money Protection Plan

- Case examples – Larry
 - 47 year old male
 - Race track gambler X 37 years
 - 2 mortgages, behind on both, 4 credit cards maxed out, behind on utilities
 - Works two jobs
 - Wife has history of over spending and has had primary responsibility for finances – feeling overwhelmed
 - 2 adult children
 - No close friends

Money Protection Plan

- Case examples – Sally
 - 58 year old, school teacher
 - By gambling, she has depleted savings, owes \$10,000 on credit cards, cashed in insurance policies, written bad checks
 - She has always managed finances
 - Husband very angry, very controlling, relationship marked by power struggles
 - Children live out of state, but very supportive
 - Has close friend who is recovering alcoholic and wants to be supportive
 - Husband's brother is financial planner

- Talk to an attorney or financial planner about the options that might be available...
 - Protecting large sums of money
 - Avoiding bankruptcy
 - Establishing a repayment plan
 - IRS and taxes

GA AND Gamanon

- When to introduce
- How to introduce
- Successful collaboration
 - Gender issues
- Geography constraints

GA Website (History)

- The word spiritual can be said to describe those characteristics of the human mind that represent the highest and finest qualities such as kindness, generosity, honesty and humility. Also, in order to maintain their own abstinence they felt that it was vitally important that they carry the message of hope to other compulsive gamblers.

General 12 Step Philosophy

- A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from their addiction.
- Following the 12-Step Program is a “Program of Recovery”
- Addiction is a disease that cannot be cured, but can be arrested

Gamblers Anonymous Philosophy

- The **12 Step Program** is fundamentally based on ancient spiritual principles and rooted in sound medical therapy. The best recommendation for the program is the fact that "it works."
- **Gamblers Anonymous** intention is to highlight that gambling for certain individuals is an illness called "*compulsive gambling*."

Gamblers Anonymous

- Recovery from addiction is a long term commitment:
 - Admission of a problem
 - Resistance
 - Ego-reduction
 - Surrender
 - Compliance
 - Re-education
 - Maintenance

12 Step - Similarities (AA/NA/GA)

- “12 Step Program” has 12 steps
- Meetings
- Illness or a “disease” (progressive)
- Abstinence
- Family support groups (Alanon, Gamanon)

12 Step - Differences

AA/NA

- Substance addiction
- Meetings (1 hour)
- Work with a sponsor
 - *Working the Steps*
- The “Big” Book
- Recognized recovery time
- Focus on “delay gratification”
- “Restore to sanity”

GA

- Process Addiction
- Meetings (2+ hours)
 - *“Giving therapy”*
- Sponsors - sporadic
 - *Step work - inconsistent*
- “Combo” Book
- Recognized “clean” time
- Focus on “patience”
- “Normal way of thinking and living”

GA & Spirituality

- 12 step approach derived from spiritually oriented steps towards moral redemption
- 12 Steps speak of carrying the GA message to other gamblers but there is no mention of a “spiritual awakening”
- GA has earned a reputation for being 12-step fellowship in name only, **downplaying spiritual and psycho-emotional concerns** in favor of a pragmatic focus on abstinence and issues such as debt.

Gambling & Spirituality

- Gambling gives “hope” and “opportunity” for a better life
- Religious affiliation (inc) 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

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

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

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)

Gambling or Recovery?

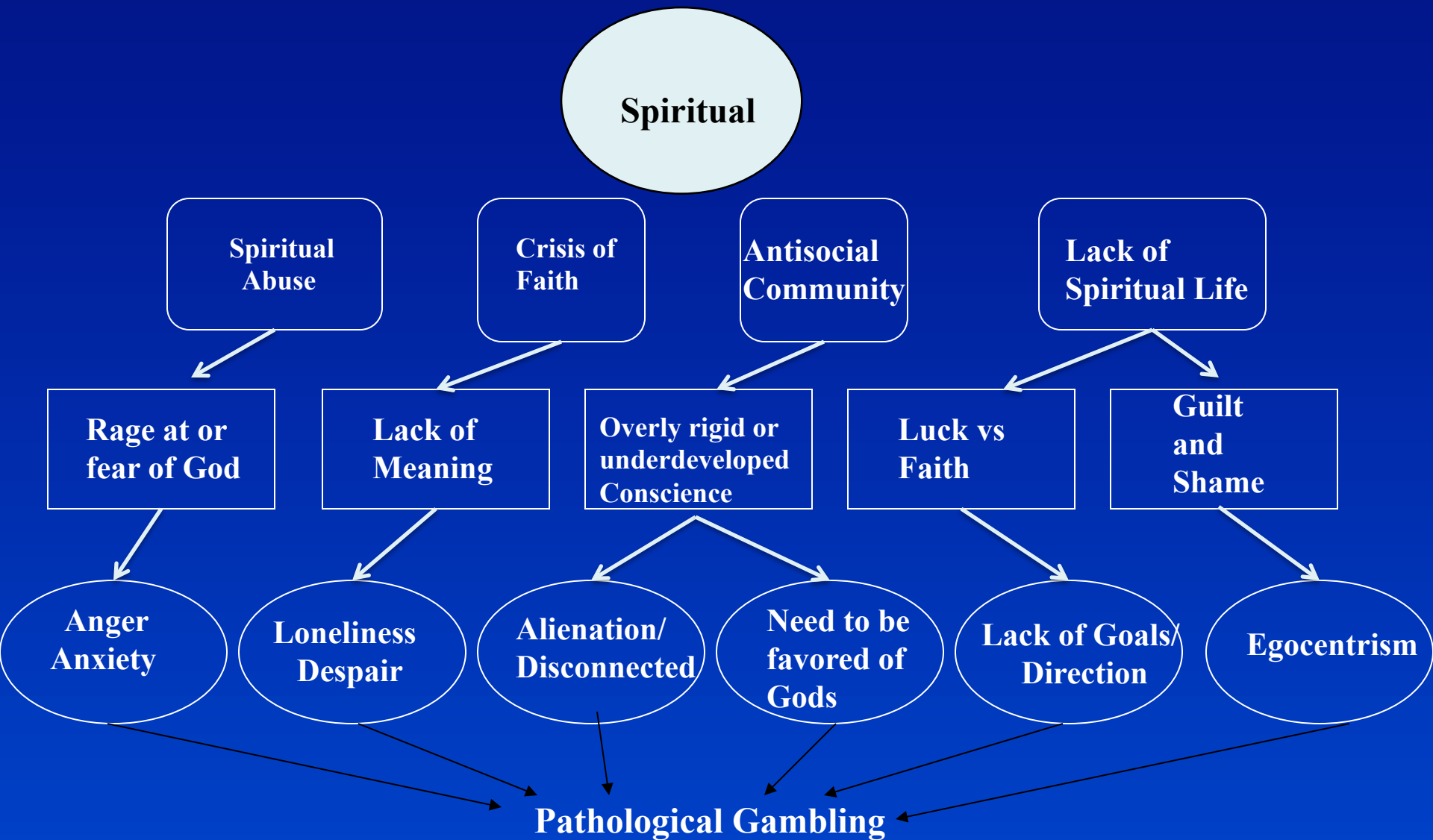
- Where does gambling at one's church / synagogue group help to strengthen unity in spirit?
- Where does the belief in one's reward from a higher source in trying hard is "due" OR is "getting closer" fit?

How does Gambling, GA and Spirituality fit together?

- Research has shown that AA/NA involvement was associated with personal growth via spirituality
 - Individuals who attended 12-step had higher levels of spirituality and in turn, had higher levels of personal growth
 - Regular meetings, sponsorship, literature, prayer and meditation
- GA fails to connect spirituality with personal growth

Another perspective

GAMBLING & SPIRITUALITY



High as purpose, meaning, and goal. Escape from oppressive belief system. Luck/Chance as higher power. Winning as proof of spiritual worth. Defeating or hiding from God. Defends against shame and guilt. Escape from grief and despair

Relapse, Recycle, Recovery

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

Relapse, Recycle, Recovery

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

Relapse, Recycle, Recovery

- Comorbidity
 - Substance Abuse/Dependence
 - Other Behavioral Addictions
 - Mood Disorders
 - ADHD and Impulsivity
 - PTSD
 - Personality Disorders

Relapse, Recycle, Recovery

- 33 year old, married but separated male gambler, sports bettor. Has been going to GA and has not gambled for 2 months. Wife is going to Gamanon. Client reports wife is considering reconciliation, but he continues to be dishonest with her about extent of debt and some credit cards he has kept. When this is discussed in counseling he becomes defensive and states he needs credit cards for business and that he has plan for paying off debts so that wife doesn't need to worry about them.

Relapse, Recycle, Recovery

- 62 year old female VP gambler. Has been in recovery for 6 months and on disability due to severe emphysema for 2 years. Had worked as grant writer 20 years and had been very invested in her work. Married 35 yrs., but she and husband have a very detached and distant relationship. Adult daughter living at home, very dependent and needy. Has self-excluded from local casinos, but wants to:
 - drive to out of state casinos
 - and feels unable to limit amount of time or money

Relapse, Recycle, Recovery

28 year old female bingo gambler. 5 year old daughter. Scores 12 on SOGS. History of physical and sexual abuse as child and as adult. Initially sought treatment for alcohol dependence following DUI. Gambles with mother, sisters and aunts. Also gambles at illegal machines at bars. Has been diagnosed as bipolar disorder and reports periods of depression, but no clear signs of mania. Acknowledges her problem with alcohol, but does not think her escalating gambling is a serious problem, though she and daughter have been evicted and is now living with mother and older sister.

Resources

Helpline Numbers

1-800-GAMBLER

1-800-848-1880

800-522-4700 • 877-565-2112

24/7 • Free • Private

60+ Languages

Problem Gambling RESOURCES

The Department of Drug and Alcohol Programs
(DDAP)

For information on becoming a state
reimbursed provider, contact

Adam Sechrist
Gambling Coordinator

717-783-8200
asechrist@pa.gov

Thank You!

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