

“Ideas for Treatment Improvement”

ADDICTION *Messenger*

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SERIES 21

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Problem Gambling - Part 1 Gambling: The Hidden Addiction

“Gambling: The sure way of getting nothing for something”.

~ Wilson Mizner ~ (1876-1933)

If you are a substance use disorder or mental health counselor, you have provided care to someone who has a gambling disorder. In fact, somewhere between 10-30% of those in treatment for drug or alcohol use disorders may have a gambling problem. Gambling is a widespread activity, with 86% of the general adult population reporting some gambling activity over a lifetime; a small minority of them will develop a gambling problem.

If you are a substance use disorder or mental health counselor, you have provided care to someone who has a gambling disorder. In fact, somewhere between 10-30% of those in treatment for drug or alcohol use disorders may have a gambling problem. Gambling is a widespread activity, with 86% of the general adult population reporting some gambling activity over a lifetime; a small minority of them will develop a gambling problem.

While treating problem gambling is a specialty area with its own certification requirements, all addiction and mental health counselors should be knowledgeable about basic clinical issues, screening, referral for treatment, and the potential risk that engaging in gambling represents for many clients with substance use or mental health disorders. This 3-part series of the Addiction Messenger will give you such an overview, beginning with this issue in which we address some general questions that counselors commonly ask about treating problem gambling.

What is Pathological Gambling?

Pathological gambling (Table 1) represents the most severe pattern of excessive or destructive gambling behavior and is the only gambling related disorder for which there are formal diagnostic criteria. Problem gambling is a term that has different meaning depending on the context. Used colloquially, problem gambling describes any form of gambling that results in functional consequences. In the scientific literature, problem gambling refers to less-severe forms of dysfunctional gambling as differentiated from pathological gambling. Although the DSM-IV currently classifies pathological gambling as an impulse control disorder, many clinicians consider it to be an addiction. Indeed, the DSM criteria for gambling disorders closely parallel the signs and symptoms of substance use disorders, which are commonly considered addictions.

What Characteristics Do Gambling And Substance Use Disorders Have In Common?

There are both similarities and differences between substance use disorders and problem gambling, some of which are briefly described on page 2.

Similarities:

- There is a preoccupation with the activity and a loss of control
- Abuse of drugs/alcohol and problem gambling can both be progressive
- Denial is a hallmark of both; the problem resides outside the person who is exhibiting the disordered behavior
- Continued behavior despite negative impact on major life areas
- Tolerance develops—more of the substance or more gambling is needed to attain the same feelings
- Urges and cravings develop among problem gamblers, as with substance abusers
- Withdrawal symptoms occur when substances or gambling is not available to the disordered person
- Similar psychological drives are involved in substance use and gambling disorders, including escape, self-medication, avoidance

Differences:

- There are objective tests (blood, urine, etc) to detect the presence of drugs and/or alcohol, but there are no biological tests for problem gambling
- Problem gambling is physically easier to hide in that there is no slurring of speech, disorientation, etc.
- Overuse of drugs or alcohol will eventually result in the body “shutting down” temporarily; gambling is not similarly self-limiting
- Suicide rates are higher among gamblers
- The problem gambler’s financial situation is often critically damaged and must be addressed as part of the treatment process
- There is much less public awareness about problem gambling, and acceptance of gambling is even more widespread than for drugs and alcohol.
- There are fewer treatment services available, fewer support groups such as Gambler’s Anonymous, and fewer

certified gambling counselors.

Are Certain Types Of Gambling More “Addictive” Than Others?

Video poker and slot machines have been referred to as the “crack cocaine of gambling.” Because of the immediate and effective reinforcement these machines provide, problem gamblers who regularly play video poker appear to progress into pathological gambling much faster than problem gamblers who only gamble at horse races, or other games that do not provide such immediate gratification. In the past, a gambler might experience 15 to 25 years of disordered gambling at the track before reaching the so-called “desperation” phase. Today, it is not uncommon for a gambler addicted to slot or video poker machines to progress into the desperation phase in a matter of months.

Is It The Money That Motivates The Problem Gambler To Keep Going?

Pathological gamblers are addicted to the act of gambling, not money. For a problem gambler, gambling is a mood, thought, and physically altering activity which could resemble the numbing of taking narcotics or the high from cocaine. Both problem gamblers and substance dependent persons describe their “drug of choice” as seductive and ultimately destructive.

Are There Phases To Pathological Gambling?

That is a point of debate in the field. Dr. Robert Custer, one of the earliest to study problem gamblers, has identified three phases which may accurately characterize a large segment of the problem gambling population. He describes those phases as:

- The adventurous phase or winning phase — marked by an increasing desire for gambling as excitement and often including a big win which the gambler sees as resulting from their personal abilities;

Table 1 Current Diagnostic Criteria For Pathological Gambling (DSM-IV)

- A. Persistent and recurrent maladaptive gambling behavior as indicated by 5 (or more) of the following:
- Is preoccupied with gambling (for example, is preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
 - Needs to gamble with increasing amounts of money in order to achieve the desired excitement
 - Has repeated unsuccessful efforts to control, cut back, or stop gambling
 - Is restless or irritable when attempting to cut down or stop gambling
 - Gambles as a way of escaping from problems or of relieving a dysphoric mood (for example, feelings of helplessness, guilt, anxiety, depression)
 - After losing money gambling, often returns another day to get even (“chasing” one’s losses)
 - Lies to family members, therapists, or others to conceal the extent of involvement with gambling
 - Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
 - Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
 - Relies on others to provide money to relieve a desperate financial situation caused by gambling
- B. The gambling behavior is not better accounted for by a manic episode.

- The losing phase — in which the gambler bets increasing amounts of money “chasing” the money they’ve lost;
- The desperation phase — when gambling becomes a full-time obsession, the gambler increasingly gambles on credit, and takes greater and greater risks.

It is important to note that these phases do not represent an inevitable progression. Some problem gamblers cycle back and forth between phases and some who enter the losing phase stop before reaching the desperation phase.

What Is The Typical Course Of This Disorder?

Pathological gambling had originally been conceptualized as a chronic and progressive disorder, but new evidence suggests there are multiple courses the disorder can follow. Sometimes the gambling problem is transient; sometimes it plateaus and maintains for years; and sometimes it follows a progressive course. In fact, several recent studies have presented findings that over time many individuals who have experienced problems with gambling that were serious enough to be classified as pathological, either significantly reduce or completely stop gambling on their own. This finding suggests that at least for some, pathological gambling is not necessarily a malady characterized by a predictable progression to continually more serious problems. Although the phenomenon has been identified, the underlying factors are not understood nor is it known if the non problematic behavior will continue over long periods of time.

Is There A Personality Profile That Makes One More Susceptible To Problem Gambling?

According to noted gambling researcher Dr. Lia Nower, “the research in this area is still in its infancy but, in general, individuals with certain traits and bio-psycho-social predispositions are more likely than others to develop problems. Those at highest risk are impulsive, intensity seeking, addicted to other substances, and typically depressed or anxious. They start gambling or pursuing other risk-taking behaviors at an early age and report childhoods marked by abuse or neglect and caregivers with addictions”.

Does Problem Gambling Affect All Populations Equally?

Adolescents/Young Adults. Adolescents evidence higher rates of problem and pathological gambling than adults. Shaffer and Hall found pathological and problem gambling rates of youth to be almost twice those of adults. Still

worse, rates of problem gambling among college students is even higher than those found among adolescents.

The Elderly. Surprisingly, older adults have a lower-than-average prevalence of gambling-related problems, yet because of fixed incomes and fewer income earning years ahead, the impact of financial losses on elderly gamblers can be more serious. Further, elderly involvement in gambling increased by 45% between 1975 and 1998 and gambling excursions are some of the most frequented activities in retirement centers.

Gender. Older studies routinely found higher rates of problem gambling among men. However, recent studies are finding that in states with widespread availability of electronic machine gambling, women have reached equality with men in terms of problem gambling prevalence. Women tend to start gambling at a later age than men but because so many female problem gamblers engage in electronic machine gambling, the “crack cocaine of gambling”, when a gambling problem develops it is often rapid.

Ethnicity. Several research studies have found that ethnic minority groups have a higher prevalence of gambling-related problems and are at greater risk of gambling problems than whites.

Socioeconomic Status (SES) Individuals with lower SES have been found to spend a higher proportion of their personal income on gambling. Individuals suffering from disordered gambling are more likely than the general population to be high school dropouts and unemployed. Samples of homeless people seeking substance abuse treatment and people receiving community services show higher prevalence rates of disordered gambling than the general population.

Mental Health As with substance use disorders, problem gambling often co-occurs with mental disorders. Depression disorders, anxiety disorders, and attention deficit disorder are much more common in disordered gamblers than the general population.

Future Issues

In the next two issues we will look at screening options, how gambling disorders are treated, resources for clients and counselors, and more.

Next Issue:

“Problem Gambling Screening and Treatment”

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Problem Gambling - Part 2 Screening and Treatment

*“I like to play blackjack. I’m not addicted to gambling,
I’m addicted to sitting in a semi-circle.”*

~ Mitch Hedberg (1968 - 2005) ~

We know that between 10 and 30 percent of a substance abuse counselor’s clients will have a co-occurring problem gambling disorder. So what can the counselor do to better assess and screen clients for problem gambling? This issue provides some basic strategies that can be added to the counselor’s treatment tools. It is important to remember, however, that although pathological gambling often is viewed as an addictive disorder, clinicians cannot assume that their knowledge or experience in substance abuse treatment automatically qualifies them to treat people with a pathological gambling problem.

Screening

There are over 27 instruments for identifying disordered gambling, with more in development; however, there is considerable debate about the instruments and what each measures. Two commonly used screening tools are highlighted below, as they represent what is most likely to be used by alcohol and drug treatment agencies that screen for gambling problems among their substance abuse clients:

The Lie/Bet. For clinicians and researchers interested in a very brief problem gambling survey, the Lie/Bet questionnaire contains only 2 items: “Have you ever felt the need to bet more and more money?” and “Have you ever had to lie to people important to you about how much you gambled?” Separate investigations have indicated that the measure has good predictive validity in ruling out a gambling problem and is appropriate for use with both clinical and community populations.

The South Oaks Gambling Screen (SOGS). The SOGS, based on the DSM III, was developed in the mid-1980s for use with clinical populations; it is arguably the most commonly used screening instrument. The instrument consists of 20 items that assesses for characteristics of problem gambling such as: spending more time or money gambling than intended, arguing with family members over gambling, and borrowing money from a variety of sources to gamble or pay gambling debts, etc. A score of five or higher suggests the presents of pathological gambling and indicates a need for further assessment. There is also a version for adolescents, called the SOGS-RA. The SOGS is a public domain instrument.

What Is Known About Treating Problem Gamblers?

Pathways Model and Implications for Treatment

One model of problem gambling, referred to as the pathways model, identifies multiple determinants of problem gambling and may be a useful guide to treatment. This model identifies 3 main subgroups of problem gamblers:

- Normal: “normal” pathological gamblers who, through a combination of the availability of

gambling opportunities and reinforcements to continue gambling, become habituated to gambling. The resulting disorders (e.g., anxiety, depression, substance abuse and dependence) are then the consequences of the problems created by the habituated (learned) gambling behavior.

- **Psychologically Predisposed:** individuals who begin gambling with a predisposing psychological vulnerability manifesting as a “desire to modulate affective states ... or meet specific psychological needs.” This subgroup is characterized by premorbid psychopathologies such as anxiety, depression, substance dependence, and deficits in their ability to cope. Individuals with a significant trauma history commonly fall in this category.
- **Biologically Predisposed:** gamblers with neurological or neurochemical dysfunctions that are primarily genetically based but could be associated with damage to the brain caused by injury, illness, or substance abuse.

Best Practices?

At present there are no universally agreed upon “best practices” nor standardized models of treatment specific to gambling. A review of the best-designed treatment studies indicates the following:

- **Cognitive-behavioral treatment (CBT)** approaches, even when delivered via a manual and involving only minimal therapist contact, have the most empirical support, compared with no treatment. CBTs, generally brief and delivered on an outpatient basis, have been shown to strengthen motivation.
- **Pharmacotherapy** (that is, with Naltrexone, Welbutrin, and selective serotonin reuptake inhibitors [SSRIs]) may be an important adjunct to verbal interventions. However, the body of knowledge on problem gambling treatment has not determined which specific type of CBT or medication is most effective, for which individuals, under what circumstances, or whether other approaches have better efficacy.
- As with other treatments, the initial intervention should strive to increase the individual’s commitment to treatment and resolve treatment-disrupting ambivalence as much as possible. The relatively high rates of support group dropout and treatment non-completion among problem gamblers suggests that more effort should be made to strengthen the client’s commitment to change. Interventions consistent with the motivation stage of change model would be appropriate.
- Daughters reviewed the available treatment literature and suggested that gambling-treatment outcomes can be improved by addressing the factors contributing to treatment failure. Several predictors of poor treatment outcome include gambling-related cognitive distortions and beliefs about randomness, impulsivity or sensation seeking, biological vulnerabilities, and negative affect or mood

symptoms.

Treating Co-occurring Disorders

Significant research identifies co-morbidity between problem gambling and substance use disorders, mood disorders, ADHD, and personality disorders (for example, Specker et al. found that 54% of pathological gamblers had an Axis I disorder (most frequently, affective, substance abuse, and anxiety disorders) and 25% of subjects displayed Axis II personality disorders (most frequently, avoidant personality disorder)). Other research has found that subjects who abused substances and had a gambling problem reported increased levels of somatization, obsessive-compulsiveness, interpersonal sensitivity, and paranoia. A more recent study found that gamblers with a history of treatment for substance abuse reported more depression, hallucinations, suicidal ideation and attempts, and difficulty controlling violent behavior over their lifetime, compared with gamblers who had not been previously treated for substance abuse.

Whether a gambling disorder is treated first, second or simultaneously is a matter of clinical judgment based on the relative intensity or emergent nature of the various disorders present. Counselors who are more conversant with substance use disorders may run the risk of underemphasizing a co-occurring gambling that is in need of immediate attention.

What’s Different About Treating Problem Gamblers?

Cognitive Errors

Cognitive errors are not new to substance abuse counselors, however there are cognitive errors in problem gamblers that the average counselor may not be aware of. For example, research suggests that a core cognitive error among gamblers lies in their notions concerning randomness. Pathological gamblers hold many erroneous beliefs (“the machine is due; I need to continue”; “he is my lucky dealer; I always win when he is there”), as do even occasional players. Studies done with different games—blackjack, roulette, lotteries, and video lotteries—and replicated in different and independent laboratories have produced similar robust results regarding the frequency and extent of erroneous beliefs on the part of the pathological gambler.

Gambling as an Activity With Risk

Most counselors will help clients identify risky situations that should be avoided as they recover from a substance abuse disorder, yet gambling is often missing from the discussion. Given the prevalence of problem gambling among substance abusers, at a minimum gambling should be addressed and discussed as a risky behavior that can impact relapse or the development of a new problem.

Financial Implications

Many substance abuse clients will experience financial difficulties, but pathological gamblers almost by definition will have serious financial issues, which must be appropriately

addressed. A well-meaning counselor might not know that “appropriate” includes an immediate discussion of finances including availability to money. Those who specialize in treating problem gamblers know that their role is not to provide financial advice, but rather to include financial issues appropriately in the treatment and recovery process.

Harm Reduction

For most problem gamblers seeking treatment, the form of harm reduction most commonly used is abstinence from all forms of wagering. However, it is not uncommon for a problem gambler to successfully quit their problem form of gambling (e.g., electronic machine gambling) while gambling on activities that have never caused problems. While addiction counselors would never endorse a client’s plan to solve their drinking problem by switching from vodka to beer, a problem gambling counselor may endorse an “experiment” where a client wants to continue to gamble on games that have not resulted in problems for them. For example, a problem slot machine player may not be willing to stop playing the lottery once a week or wagering with friends on the golf course. There is some controversy in the problem gambling field about harm reduction approaches but the theory behind harm reduction is gaining broader acceptance.

A Case Study

The following case study, excerpted from SAMHSA’s recent Treatment Improvement Protocol on Co-Occurring Disorders (TIP #42), describes a common situation with a positive intervention on the part of a substance abuse treatment counselor and is illustrative of the need for substance abuse counselors to help their clients with gambling problems as well:

Case Study: Counseling a Substance Abuse Treatment Client With a Pathological Gambling Disorder

Louis Q. is a 56-year-old, divorced Caucasian male who presented through the emergency room, where he had gone complaining of chest pain. After cardiovascular problems were ruled out, he was asked about stressors that may have contributed to chest pain. Louis Q. reported frequent gambling and significant debt. However, he has never sought any help for gambling problems. The medical staff found that Louis Q. had a 30-year history of alcohol abuse, with

a significant period of meeting criteria for alcohol dependence. He began gambling at age 13. Currently, he meets criteria for both alcohol dependence and pathological gambling. He has attended AA a few times in the past for very limited periods. He was referred to a local substance abuse treatment agency. Assessment indicated that drinking was a trigger for gambling, as well as a futile attempt at self-medication to manage depression related to gambling losses. The precipitating event for seeking help was anxiety related to embezzling money from his job and fear that his embezzlement was going to be found by an upcoming audit. During the evaluation, it became clear that treatment would have to address both his gambling as well as his alcohol dependence, since these were so intertwined. Education was provided on both disorders, using standard information at the substance abuse treatment agency as well as materials from Gamblers Anonymous (GA). Group and individual therapy repeatedly pointed out the interaction between the disorders and the triggers for each, emphasizing the development of coping skills and relapse prevention strategies for both disorders. Louis Q. also was referred to a local GA meeting and was fortunate to have another member of his addictions group to guide him there. The family was involved in treatment planning and money management, including efforts to organize, structure, and monitor debt repayment. Legal assistance was obtained to advise him on potential legal charges due to embezzlement at work. He began attending both AA and GA meetings, obtaining sponsors in both programs.

What worked in this scenario? According to the TIP, “The counselor takes time to establish the relationship of the two disorders. He takes the gambling problem seriously as a disorder in itself, rather than assuming it would go away when the addiction was treated. Even though his agency did not specialize in gambling addiction treatment, he was able to use available community resources (GA) as a source of educational material and a referral. He recognized the importance of regular group involvement for Louis Q. and also knew it was critical to support the family in working through existing problems and trying to avoid new ones.”

Next Issue:

“Recovery and Resources”

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Problem Gambling - Part 3 Recovery and Resources

*“The safest way to double your money is to fold it over once
and put it in your pocket.”*

~ Kin Hubbard (1868 - 1930)

There is hope for recovery from gambling problems, but not all problem gamblers respond to the same types of help or treatment. Some respond well to traditional individual, family, or group counseling provided by problem gambling specialists. Other problem gamblers benefit most from twelve step-type interventions such as Gamblers Anonymous. Well planned treatment, carried out by well trained counselors, and self-help strategies work very well for most problem gamblers who are motivated to help themselves. Even those who have experienced very serious financial losses and destroyed long-standing family relationships, can regain control and begin to rebuild their lives.

Some problem gamblers, depending upon the nature and extent of their problems and their personal strengths and characteristics, must adopt total abstinence to recover successfully. Others, depending upon the same factors, are able to gain control over the extent of their gambling and continue to gamble on a recreational basis.

Natural Recovery

Recent studies have shown that some individuals, who can be classified as problem and or compulsive gamblers according to established standards, are able to recover on their own. Individuals in this particular group of problem gamblers eventually find or develop their own strategies, and either become totally abstinent or successfully moderate their gambling activities to non-problem levels. This finding suggests that at least for some, pathological gambling is not necessarily a malady characterized by a predictable progression to continually more serious problems (Abbott, Volberg, 1999; Abbott, Williams, Volberg, 1999; Marotta, 2001; Volberg, 1997). Although the phenomenon has been identified, the underlying factors that lead a pathological gambler to make and follow a decision to reduce or abstain from gambling for significant periods of time are not understood nor is it known if the non-problematic behavior will continue over long periods of time.

Treatment Revisited

Many problem gamblers, even if they are motivated to help themselves, cannot do it alone. The previous issue in this series discussed what appear to be the most effective treatments to date, and further research will help the field develop best practices. A few strategies which were not included in the previous issue are highlighted below:

Minimal Intervention

Minimal Intervention is a strategy developed by Dr. David Hodgins and is listed on SAMHSA's Model Programs website (<http://modelprograms.samhsa.gov/>)

[print.cfm?pkProgramid=243](#)).

This intervention is currently in use in Oregon, where it is known as the Gambling Evaluation and Reduction (GEAR) Program. It may be appropriate for less severe problem gamblers, and basically consists of a self-help workbook, plus minimal counselor assessment and intervention via phone. The strategy is based on a cognitive-behavioral model of problem gambling, relapse prevention techniques, and results of studies on the recovery process of problem gamblers. The workbook describes five cognitive-behavioral strategies: (1) cognitive restructuring, dealing with urges using (2) cognitive or (3) behavioral coping, (4) stimulus control (staying away from cues to gambling and limiting access to money), and (5) eliciting social support (telling others of the plan). The workbook also includes sections on self-assessment, goal setting, maintenance, and a listing of additional resources. During the motivational enhancement interview, basic assessment information is obtained. In addition, the interviewer attempts to build a commitment to change by using the principles of motivational enhancement therapy. This workbook can be ordered from the University of Calgary: <http://www.addiction.ucalgary.ca/orderest.htm>.

Twelve Step Approaches

As with other disorders, there are 12-step type supports for problem and pathological gamblers and their family members in the form of Gambler's Anonymous and GamAnon. There are significantly fewer meetings available, however, than for other 12-step groups such as AA, so checking the websites below is advised:

Gamber's Anonymous

<http://www.gamblersanonymous.org/>

GamAnon

<http://www.gam-anon.org/gamanon/index.htm>

Self Help Tools

Some people are able to change their excessive behavior patterns without entering formal treatment. Harvard Medical School's Division on Addictions, Cambridge Health Alliance has created a series of self-change toolkits <http://www.basisonline.org/changetools.htm> which are designed to: help people gain information about addiction-related problems, evaluate their own addiction-related behavior, and help people develop change strategies, should they decide that change is the best course. Because people struggling with one addictive substance or behavior often struggle with another, these self-change toolkits are designed to complement each other and are structured so that they are easy to navigate. These self-administered online toolkits provide resources to help guide a person's journey to

change.

Treatment Resources in the NFATTC Region

At present, within NFATTC's region, there are two states with active problem gambling programs—Oregon and Washington. Both offer state subsidized treatment for problem gamblers and both are involved in providing training and technical support to counselors and agencies who are interested in treating problem gamblers. States which do not offer gambling treatment can direct clients to the National Problem Gambling Helpline, listed under "national" resources below.

Oregon

1. Oregon State Agency: Office of Mental Health and Addiction Services Problem Gambling Services <http://www.oregon.gov/DHS/addiction/gambling.shtml> (treatment system design and oversight, workforce development, policy development)
2. Oregon Problem Gambling Helpline (referral to free treatment) 1-877-2-STOP NOW
3. Oregon Gambling Counselor Certification <http://www.acco.com/pdf.html> (becoming a certified gambling counselor in Oregon)
4. Oregon Gambling Addiction Treatment Foundation <http://www.gamblingaddiction.org/> (gambling prevalence and other studies; advocacy)
5. Oregon Lottery <http://www.oregonlotteryhelp.org/index.html> (public awareness and media)

Washington

1. Washington State Agency: Health and Recovery Services Administration Problem Gambling Program <http://www1.dshs.wa.gov/dasa/services/OPPLR/ProblemGamblingPrgm.shtml> (planning, implementing and developing statewide treatment and prevention program; workforce development; policy development)
2. Washington Helpline (referral to free or minimal cost treatment) 1-800-547-6133
3. Washington State Council on Problem Gambling <http://www.wscpg.org/> (public awareness, education, training, advocacy and helpline services)

National

1. The National Council on Problem Gambling, Inc., <http://www.ncpgambling.org/> (national helpline and certification info)

NATIONWIDE HELPLINE: 1-800-522-4700

216 G Street NE, 2nd Floor Washington, D.C. 20002

Phone (202) 547-9204 Fax (202) 547-9206

E-mail: ncpg@ncpgambling.org

General Resources

1. Responsible Gambling Guidelines (see Box)

2. The Wager—free newsletter with the latest research on problem gambling <http://www.basisonline.org/wager/>

3. National Problem Gambling Conference: June 22-24, 2006 St. Paul, MN
<http://www.ncpgambling.org/events/view.asp?id=50037365>

Conclusion

Much more remains to be learned about problem gambling—its origins, best treatment methods, genetic and other predisposing factors, etc., and some of that research is underway. In the meantime, however, we are faced with

the knowledge that problem gambling is on the increase and that there is a growing need for counselors who are trained to help this particular population. We encourage those of you who are treating alcohol and drug clients to consider developing your knowledge and skills regarding problem gambling. Even if you do not go on to specialize in treating gamblers, you will be helping the estimated 30% of patients in your current workload to identify and deal with a problem that can be at least as significant as their other addictions.

Ten Rules of Responsible Gambling

- 1. If you choose to gamble, do so for entertainment purposes**
 - *If your gambling is no longer an enjoyable activity then ask yourself why are you still “playing”?*
- 2. Treat the money you lose as the cost of your entertainment**
 - *Treat any winnings as a bonus.*
- 3. Set a dollar limit and stick to it**
 - *Decide before you go not only what you can “afford” to lose, but how much you want to spend. Do not change your mind after losing.*
- 4. Set a time limit and stick to it**
 - *Decide how much of your time you want to allow for gambling. Leave when you reach the time limit whether you are winning or losing.*
- 5. Expect to lose**
 - *The odds are that you will lose. Accept loss as part of the game.*
- 6. Make it a private rule not to gamble on credit**
 - *Do not borrow to gamble.*
- 7. Create balance in your life**
 - *Gambling shouldn't interfere with or substitute for friends, family, work or other worthwhile activities.*
- 8. Avoid “chasing” lost money**
 - *Chances are the more you try to recoup your losses the larger your losses will be.*
- 9. Don't gamble as a way to cope with emotional or physical pain**
 - *Gambling for reasons other than entertainment can lead to problems.*
- 10. Become educated about the warning signs of problem gambling**
 - *The more you know the better choices you can make*

Next Issue:

“Treatment Planning”

Sources:

Moore, T., Jadlos, T. (2002). **The etiology of pathological gambling: a study to enhance understanding of causal pathways as a step towards improving prevention and treatment.** Wilsonville, OR: Oregon

Gambling Addiction Treatment Foundation. This report is available at www.gamblingaddiction.org.