

# What All Clinicians Should Know Working With Problem Gamblers

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# Overview

- The basics of the diagnostic criteria for gambling problems and their severity - DSM 5
- The effective use of screening /assessment tools and engagement strategies when working with clients
- Co-Occurring disorders and gambling
- The Pathways Model of Gambling Disorder
- Future trends in Gambling
- Compassionate Recovery

# Attitudes and Behaviors

- Gambling behaviors are so “normative” that often certain activities are not even considered “gambling”.
- Many more “grey” areas when it comes to gambling
- 1. - *It's easy to recognize a compulsive gambler.*

**Fact:** Unlike addictions to drugs and alcohol, compulsive gambling has very few apparent symptoms. The behavior is easy for people to hide, especially if they are addicted to online gambling.

*“The Hidden Addiction”*

# Attitudes and Behaviors

- 2. Compulsive gambling isn't really a problem if the gambler can afford it.

**Fact -** Just because people have money to lose doesn't mean that their actions aren't problematic. Compulsive gambling typically interferes in all areas of the gambler's life, including relationships with family and friends and work. It is the behavior of gambling itself that is the problem, not the financial consequences of the activity

- 3. Helping compulsive gamblers break their addiction means paying off all their debts.

**Fact:** Constantly bailing a compulsive gambler out of debt may only enable the behavior. While getting the debt repaid may be a priority, it is more important to address the gambling addiction itself and get the gambler the help needed to overcome the addiction.

# Gambling

- Most People who Gamble engage responsibly and as a form of entertainment

## Gamble

*Gambling is any activity that involves risking something of value, including but not limited to money or property, on an event whose outcome is uncertain.*

# Gambling

- *A gambling problem generally has 2 key features. One is impaired control. This means not being able to stick to limits of the amount of money and/or time that is spent gambling. The second feature is that the gambling causes personal emotional, financial, relationship or legal problems (negative life consequences).*

*The line between responsible gambling and problematic gambling is*

*Invisible*

# Gambling Disorder

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

## Gambling Disorder 4/9

1. Tolerance
2. Withdrawal
3. Control
4. Preoccupation
5. Relieve
6. Chasing
7. Lying
8. Impact on life
9. Bailouts

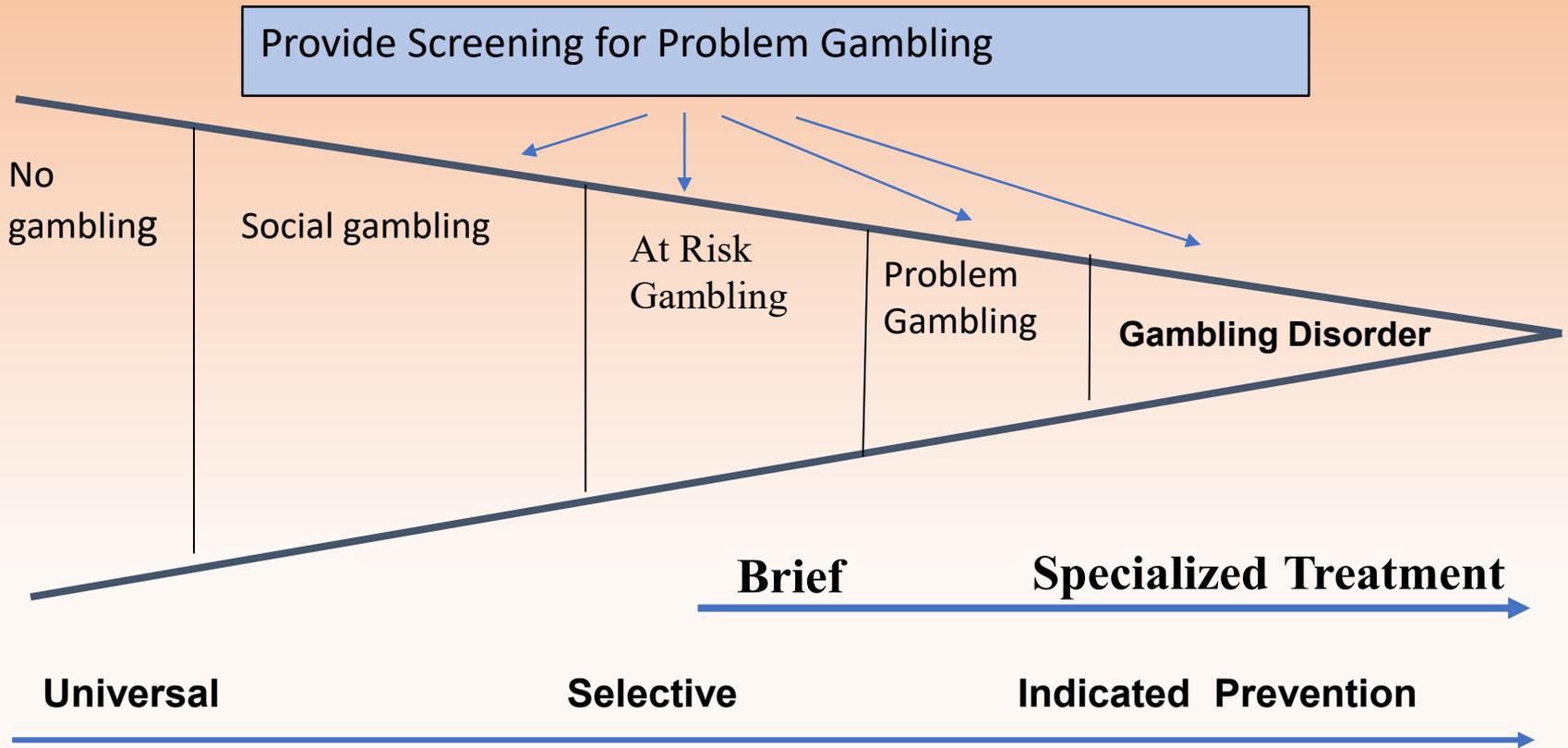
## Substance Use Disorder 2/11

1. Using more or longer than intend
2. Control
3. Time spent in obtaining/use substance
4. Craving or strong desire/urge
5. Failure to meet obligations
6. Continued use despite social or interpersonal problems
7. Important activities given up or reduced
8. Recurrent use in physical hazardous situations
9. Continued use despite phys and psych consequences
10. Tolerance
  - a. Increasing amount - or
  - b. Diminished effect
11. Withdrawal
  - a. Withdrawal syndrome for alcohol - or
  - b. Alcohol taken to relieve or avoid withdrawal

# Specifiers

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

# IOM Conceptualization and Problem Gambling Public Health Interventions



*Korn & Shaffer, 99*

# Gambling Screening: Have The Conversation

## *What often happens:*

- Clinician thinks...No need to ask – not here for that anyway.

If they ask may say: Do you gamble? Or - You never lied about your gambling?

- Client thinks... I'm glad that gambling wasn't brought up or could avoid talking about it.

Might say who me? No...

# PG Screening: Perspective Change: Disordered Gambling Integration

- Addressing gambling and gambling problems for individuals presenting with a primary concern of a substance use or mental health disorder is not just about making a diagnosis or finding cases of pathological gambling.
- **Rather this approach involves assuring that the impact of gambling on mental health and substance use recovery is an ongoing topic of conversation in treatment, recovery and prevention settings.**
- **The key to this approach is to raise the issue of gambling and its role in your client's recovery in multiple contexts and repeatedly over time.**
- **Also it is key to include the topic of gambling in a non-judgmental or labeling manner, in order to minimize defensiveness or resistance.**

## Brief Biosocial Gambling Screen

1. Have you ever gambled at least 5 times in any one year of your life?

YES     NO

2. During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?

YES     NO

3. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?

YES     NO

4. During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare?

YES     NO

**Low Risk:** An individual has answered “no” to all questions.

- Provide individuals with their score, give feedback on their risk level and give literature regarding Gambling Disorder in case their behavior worsens or they have affected family/friends with whom they want to share.

**Moderate Risk:** An individual has responded, “yes,” to question 1, but have said “no” to all other questions.

- Give the low risk intervention. Additionally, the clinician should discuss with the participant the continuum of gambling behaviors (e.g., recreational, at risk, problem, disorder), risk factors associated with moderate and problem gambling (e.g., medical issues), and guidelines to reduce risk for gambling problems.

**High Risk:** An individual has responded, “yes” to question 1 *and* has said, “yes” to at least *one* other question.

- Combine low and moderate risk intervention. Additionally, review risk factors for problem gambling and options for further assistance including self-help materials, referral for further evaluation and referral to Gambler’s Anonymous or a recovery support specialist.

# Risk Levels for Gambling Disorder and Brief Interventions

**Low Risk:** An individual has answered “no” to all questions.

Provide individuals with their score, give feedback on their risk level and give literature regarding Gambling Disorder in case their behavior worsens or they have affected family/friends with whom they want to share.

**Moderate Risk:** An individual has responded “yes” to question 1, but has said “no” to all other questions.

Give the low risk intervention. Additionally, the clinician should discuss with the participant the continuum of gambling behaviors (e.g., recreational, at risk, problem disorder), risk factors associated with moderate and problem gambling (e.g., medical issues), and guidelines to reduce risk for gambling problems.

**High Risk:** An individual has responded “yes” to question 1 *and* has said “yes” to at least *one* other question.

Combine low and moderate risk intervention. Additionally, review risk factors for problem gambling and options for further assistance including self-help materials, referral for further evaluation and referral to Gamblers Anonymous or a recovery support specialist.

# Gambling Assessments

- Inventory of Gambling Situations
- The IGS includes 10 subscales that look at gambling patterns and triggers in the following areas:
  - Negative emotions
  - Conflict with others
  - Urges and temptations
  - Testing personal control
  - Pleasant emotions
  - Social pressure
  - Need for excitement
  - Worried about debts
  - Winning and chasing
  - Confidence in skill

<https://learn.problemgambling.ca/eip/inventory-of-gambling-situations>

# Inventory of Gambling Situations

1 = never, 2 = rarely, 3 = frequently, 4 = almost always

- When everyday life seemed boring. 1 2 3 4
- When I talked myself into gambling. 1 2 3 4
- When I was about to get caught unless I came up with some money fast. 1 2 3 4
- When I felt content with my life. 1 2 3 4
- When I was worried about my debts. 1 2 3 4
- When I felt under a lot of stress. 1 2 3 4
- When I was afraid of the people to whom I owed money 1 2 3 4
- When I suddenly had an urge to gamble. 1 2 3 4

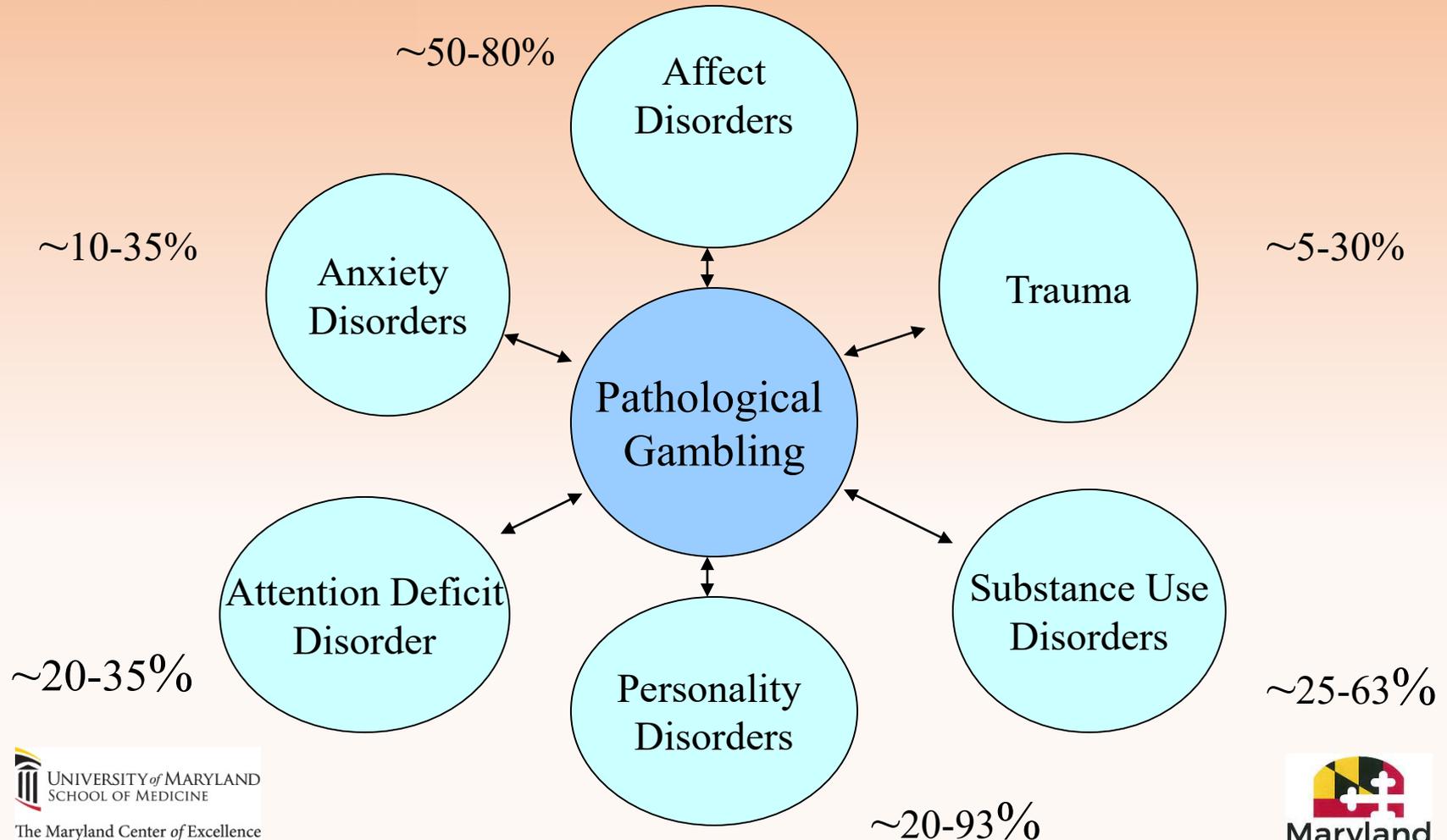
# Screening and Assessment Best Practices

- Include brief screen on intake
- Repeat screen after relationship and trust established (ex. at treatment plan updates)
- Conduct screen in conjunction with psychoeducation on impact of gambling on recovery/problem gambling
- Assess for degree of GP if need for treatment intervention – Consult with gambling treatment specialist

# Have the Conversation

- Include questions about gambling activities during your intake process.
- Just explore with curiosity if you believe that this is a potential issue.
- Bring it up as opportunities arise in treatment, particularly if they are at risk for gambling problems and if gambling can interfere with their recovery or treatment process.

# Assessment Issues: Psychiatric Comorbidity in Pathological Gamblers in Treatment



# Pathways Model of Gambling Subtypes

Pathways Model (Blaszczynski & Nower, 2002; Nower et al, 2013)

Pathway 1 Behaviorally Conditioned Gambler

Pathway 2: Emotionally Vulnerable Gambler

Pathway 3 Antisocial Impulsivity Gambler

# Pathways Gambling Problems

- Behaviorally Conditioned

Reinforcement Theory – Positive and Negative Reinforcement, CC - Associations

Modeling - Parents, Peers, Media

- Emotionally Vulnerable

Coping Skills and Life Experiences, Depression, Anxiety, Trauma, Abuse and Neglect

- Anti-Social Impulsivity

Lack of Empathy, Interpersonal relationship deficits  
Risk taking/Thrill seeking

# The Brain

- Much of the research that supports classifying gambling disorder with other addictions comes from brain imaging studies and neurochemical tests. These have revealed commonalities in the way that gambling and drugs of abuse act on the brain, and the way the brains of addicts respond to such cues. The evidence indicates that gambling [activates the brain's reward system](#) in much the same way that a drug does.

"Across many studies, the same brain areas come up time and time again — the ventral striatum and the prefrontal cortex," says [Luke Clark](#), a psychologist at the University of British Columbia.

- The ventral striatum, located deep inside the brain, has been termed the brain's reward center, and it's been implicated in reward processing as well as substance abuse.

# Learning

- Immediate gratification
- Inability to develop patience or control
- Early exposure or a **Big Win** can be a predictor in future problems with gambling
- For gambling, speed and action dominate the brain (Overdrive)
- If coupled with unresolved trauma in childhood can lead to multiple issues in the future

# Gaming and Gambling

- Most past year video gamers reported gambling in the past year (78.5%) and most gamblers reported playing video games (70.7%) (Sanders, 2019)
- Problem gamers and problem gamblers were found to have similar demographic features as well as high rates of mental health problems and impulsivity (Sanders, 2019)
- Despite similar profiles, 10.5% of problem gamblers were also problem video gamers and 24.1% of problem video gamers were also problem gamblers (Sanders, 2019)

# Gaming and Gambling

- Gaming and Gambling have similar features at structural and aesthetic levels (Derevensky, 2019)
- Hybrid gambling activities have adopted features of gaming and vice-versa (Derevensky, 2019)
- Same operators of similar type gambling and non-gambling games (Derevensky, 2019)
- Cross marketing of online gambling sites to social casino players (demo games)(Derevensky, 2019)

# Gaming and Gambling

- State lotteries have incorporated games into scratch off tickets (Ravens, Monopoly, The Price is Right). (Derevensky, 2019)
- Casinos use digital technology on slot machines adapted from gaming industry (Monopoly, Wheel of Fortune). (Derevensky, 2019)
- Lack of age restrictions on social casino games, could be “gateway” to gambling. (Derevensky, 2019) This is sometimes called “simulated gambling” (Roulette, Poker, slot machines). (King, 2019)
- Purchasing of loot boxes in games (Derevensky, 2019)
- Electronic sports (Esports). People wager on outcomes of video games.
- DFS is not legally considered gambling but it centers on wagering on player performance and is popular!

# Sports Betting



- Legalized Sports Betting. It's Here!
- National Council on Problem Gambling (NCPG)
- **The Safer Sports Betting Initiative (SSBI)** - reduces the risk of gambling problems associated with sports betting. Our goal is to develop innovative responsible gambling partnerships and comprehensive problem gambling programs by building on our five decades of experience, new research and cutting-edge technology to increase protective aspects and reduce risk factors for gambling addiction.

# Sports Betting

**The need for SSBI is critical:**

*Did You Know...*

- Adults who currently bet on sports at least once in the past year are twice as likely to report problematic behaviors as other gamblers.
- Mobile wagering, allowing for instantaneous and immediate gambling, has been shown to be associated with increased gambling problems.
- Additional risk factors for problem gambling include high frequency live in-game and proposition betting, increased advertising, perception of sports betting as a skill, being young, male, a veteran and/or an athlete.
- Youth already have high rates of gambling and will be increasingly exposed to advertising and promotions for sports betting.
- Problem gambling prevention and treatment services are insufficient in most states and nonexistent in several.

# Compassionate Recovery

- ***You can develop self-compassion skills by following these five rules:***
- Acknowledging mistakes, then letting them go
- Remembering you are exactly where you need to be right now, don't rush through life
- Choosing to focus on self-growth rather than self-improvement
- Speaking to and treating yourself as you would a dear friend
- Cutting yourself some slack, giving yourself permission to move on to better things

# Compassionate Recovery

- *CR is open-minded and open-ended.*
- *We don't discriminate and we don't preach.*
- *We don't prescribe and we don't judge.*
- *Create the conditions for self growth and self-compassion*

## *Self-compassion Exercise*

# The Maryland Center of Excellence on Problem Gambling

(667) 214-2120

- **Maryland Helpline** 24/7 Confidential, call or text  
**1-800-GAMBLER** (1-800-426-2537)
- **Help seeker website** – **helpmygamblingproblem.org**  
Self-Assessment Test  
“Find a Counselor”
- **Main website** – **mdproblemgambling.org**  
Repository for all Center resources and information
- **Free Awareness Materials**  
Mailed to you including posters and brochures
- **Gambling Peer Support**  
Support for Individuals provide by Center Peers  
Support for families provide by Maryland Coalition of Families

PEACE

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