

Problem Gambling Treatment 101

Part 1: Similarities/Differences between SUD/PG

IDPH Integrated Provider Network (IPN)
Problem Gambling Treatment Webinar Series

February 20, 2019



W e l c o m e !

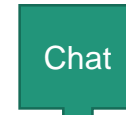
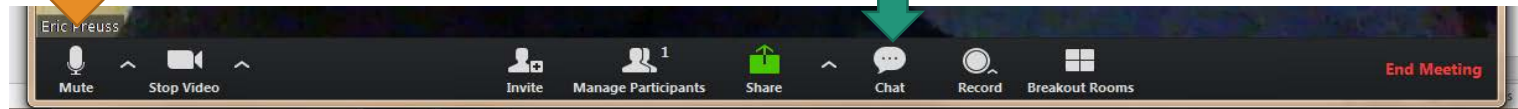
IPN Problem Gambling Treatment Webinar Series

- **Gambling 101 - Part 1: Similarities/Differences between SUD/PG** (Jerry Bauerkemper)
 - Wednesday, February 20, 2019 (12 – 1:30 PM)
- **Gambling 101 - Part 2: Gambling Treatment Tool Kit** (Jerry Bauerkemper/Jessica Hartz)
 - Thursday February 21, 2019 (1:30-3:00)
- **Best Practices for Problem Gambling Intervention and Treatment** (Nic Foss)
 - Wednesday, February 27, 2019 (12-1:30 PM)
- **Financial/Legal Concerns and Counseling** (Allison Schwab)
 - Thursday, March 7, 2019 (1:30 - 3 PM)
- **Gambling Trends** (Jerry Bauerkemper)
 - Wednesday, March 20, 2019 (12-1:30 PM)

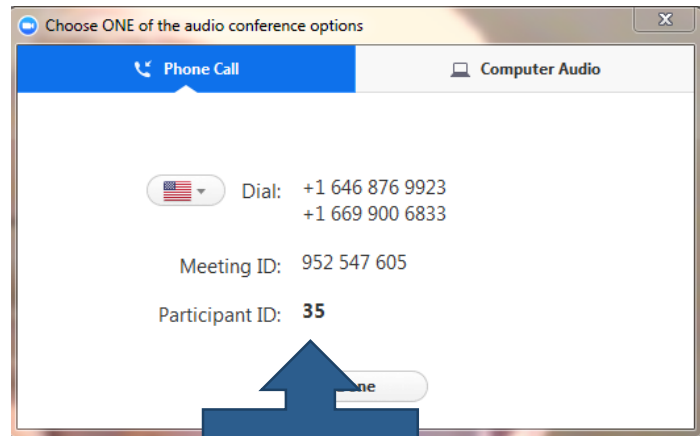


ZOOM Interface, CEU's & Handouts

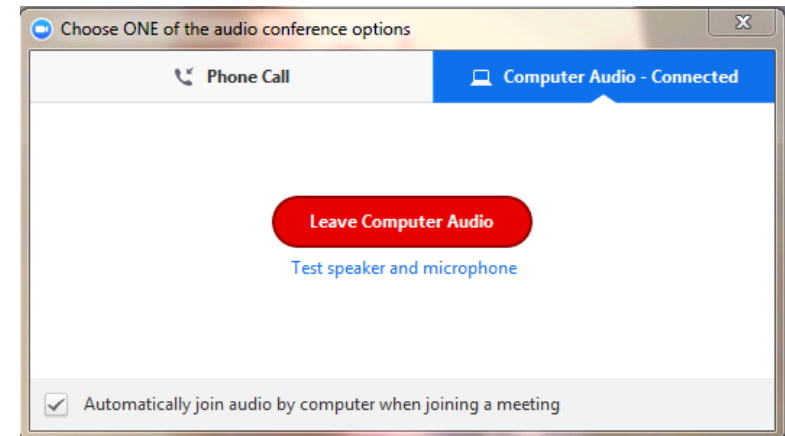
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Please click on "Chat" to ask questions



Joining by phone, please type in your Participant ID.



- CEU's
 - Registration was required to enter the Webinar
 - Poll at the end of the webinar to confirm desire for CEU's

- Handouts
 - Shared via "chat" feature
 - PowerPoint Note Slides



Jerry Bauerkemper
Executive Director
Nebraska Council on
Problem Gambling



Mr. Bauerkemper was the first director of problem gambling (1992 to 1996) for the state of Nebraska where he created the Gamblers Assistance program and pioneered the treatment of gambling counseling in Nebraska. In addition he was appointed and served on the Nebraska's Commission on Problem Gambling. He served on the Board of Directors for the National Council on Problem Gambling from 2001-2008 and from 2012 to 2016 He recently served on the National Councils' Legislative committee where he helps raise awareness of problem gambling in Washington DC. Mr. Bauerkemper has been providing counseling to gambling families since 1986. He has published research on the prevalence of problem gambling in the Nebraska Probation Department. He received the "First Step" award in 1999 and the Wisconsin Leadership award in 2016 for his work with problem gamblers. Mr. Bauerkemper is an internationally recognized expert on problem gambling and has provided training throughout the United States and Southeast Asia.

Exnccgjb@aol.com



Gambling in the United States



An Analysis of Gaming News and Trends by Ken Adams *First Quarter 2019*

- There are 18 states with commercial gaming (including Iowa), 29 with Indian casinos, 44 have lotteries, 22 have horse racing and nationwide there are nearly a million slot machines.
- **In total over a \$100 billion dollars in gaming revenue is generated nationally; it is staggering. Slot machines create more behavior problems than any other form of gambling** and not all slot machines are safely locked up in casinos or located at racetracks. Six states have let them move into residential areas.



Origin of Riverboat Casinos



- **The riverboats were originally required to sail, had limited hours of operation and a limit on all wagers.** The requirements were intended to protect vulnerable, at risk people from easy access to casinos and gambling. To play blackjack or slot machines, a customer had to pay to board the boat and could only remain in the casino during the “cruise.” **In some cases there was a limit on how much an individual gambler could lose on a single cruise.**
- **An Analysis of Gaming News and Trends by Ken Adams***First Quarter 2019*

Gambling Convenience

- In the last twenty years, that public policy was mostly lost in the rush to use gambling as a way to solve governmental budget problems. Nothing illustrates the change in public policy more than allowing VLTs in retail and social settings. It was no longer necessary to travel more than a mile or two to find a slot machine. Access to gambling has been made simple and easy. It is the very definition of convenience gambling.
- **An Analysis of Gaming News and Trends by Ken Adams**
- ***First Quarter 2019***



Examples of Gambling

- Bingo
- Card & Domino Games when played for \$\$\$\$
- Games of skill (e.g. pool, darts, shuffleboard, golf) for consideration
- **Sports betting**
- **Lottery tickets**
- **Games found in a casino (slots, cards, dice)**
- Horse racing / Dog racing
- Lottery video terminals (VLT)
- On-line poker, gin-rummy, etc.
- **Scratch tickets**
- Cock fighting / Dog Fighting
- **Stock / Commodity Market**
- Social Gaming
- Fantasy Sports Leagues
- **Daily Fantasy Sports**
- **E-Sports**



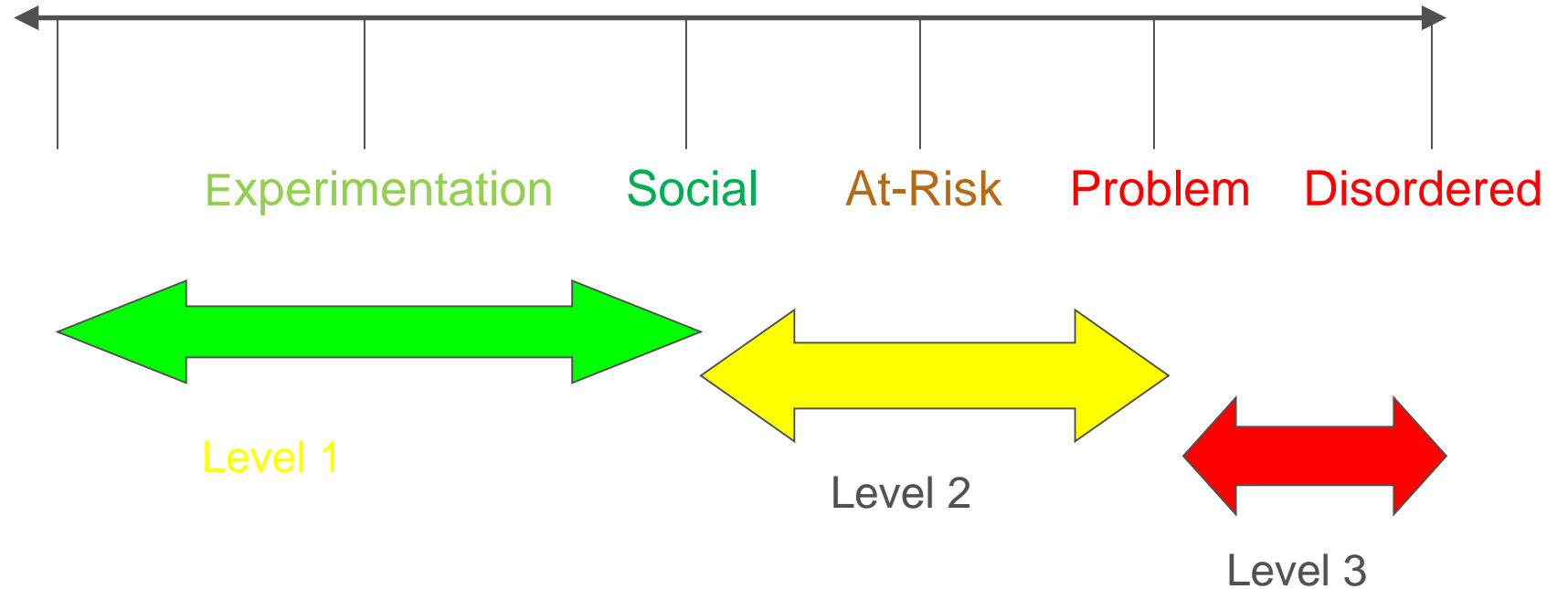
Gamblers 'unlikely to seek help'

- AUSTRALIA -- People with gambling problems are unlikely to identify as having a problem or to seek help unless they have experienced **serious** impacts or harms
- “In addition, our study determined that nearly a quarter of people reporting problem gambling
- symptoms identified as having problems, but had never accessed help,” she said. “This demonstrates that we need to better understand the experiences and views of people developing gambling problems to ensure that early intervention strategies are attractive and appropriate.
- **“We also found that people were more likely to seek help for the consequences of their gambling, like relationship issues, money problems or co-occurring problems such as substance abuse, before seeking help for their gambling problems.”**



- Gambling occurs on a continuum –
- It is not static

Gambling Behavior



Types of problem gamblers

- **Action/Skill**

- Stereotypical gambler
- Likely to be male
- Earlier onset / late treatment seeking



- **Escape / Luck**

- Increasing numbers
- Prefer machines, games of chance
- More females
- Late onset / early treatment seeking



Profile of an Escape Gambler



- Predominantly female
- Noncompetitive gambling
- Shorter gambling career
- Late onset
- Relationship problems
- Emotional gambling
- Lower debts
- Emotion is a relapse issue
- Bottom looks relatively mild

Profile of an Action Gambler



- Predominantly male
- Competitive Gambling
- Start gambling young
- Stereotypical gambler (most movies)
- Has gambling “friends”
- Grandiose, big shot, big tipper
- Criminal activity, arrest record
- Narcissistic personality
- Money is relapse issue
- Become escape gamblers later in life

Similarities and differences with substance abuse

- Similarities
 - Progressive
 - Denial
 - Mood/affect instability
 - Used to escape
 - Preoccupation
 - LSE / high ego
 - Immediate gratification



- Differences
 - More hidden
 - **No overdose potential**
 - Financial issues
 - **Behavior may solve presenting problems**
 - Few resources for help
 - **No “test” for gambling**



Common
characteristics of
gamblers and
substance abusers

- Extensive use of lingo
- Relapse history
- Severe financial problems
- **LYING**
- Erratic spending
- Family/client will ask for help
- Continued disruption after abstinence



More Similarities between Problem Gambling and Substance Use Disorders

- PGs wagered more and were more likely to experience bankruptcies they also made more errors than controls
- PGs and ADs indicated greater impulsivity.
- ADs demonstrated working memory deficits compared to controls and PGs and took longer than controls and PGs to make decisions.

Note: PGs = Problem gamblers; ADs = Alcohol dependent individuals; HCs = Healthy controls.
- Similarities in decision-making deficits between people with problem gambling and people with alcohol dependence (Lawrence, Luty, Bogdan, Sahakian, & Clark, 2009).
- WAGER 15(8) – And the List Goes On

IDENTIFYING SIMILARITIES & DIFFERENCES



by Jennifer Jones, Lake Myra Elementary

based on the work of Robert Marzano's
Classroom Instruction That Works



Custer V Chart

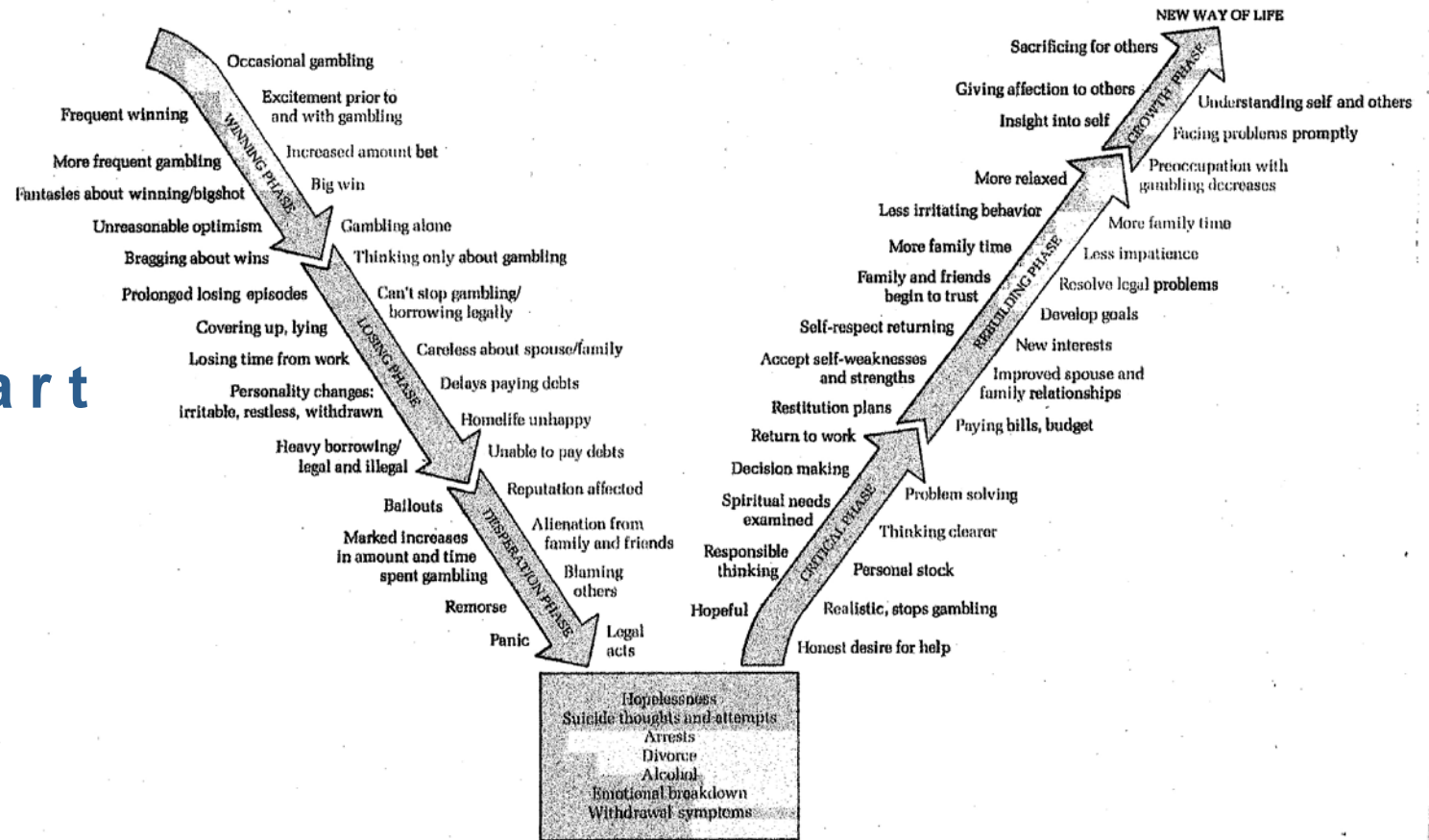
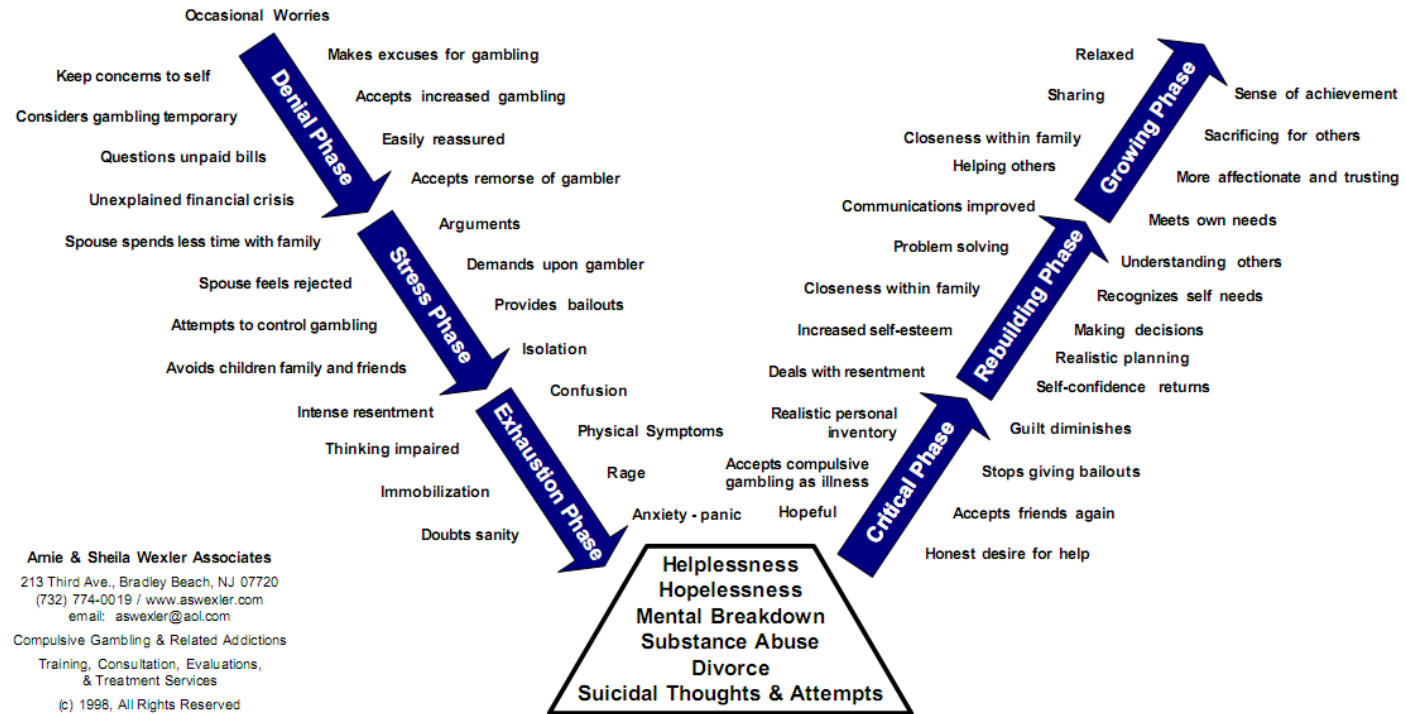


Figure 7-1 A chart of compulsive gambling and recovery. (Robert L. Custer, M.D.,

Effects on Spouse of Gambler

A Chart on the Effects of Compulsive Gambling on the Spouse



Amie & Sheila Wexler Associates
 213 Third Ave., Bradley Beach, NJ 07720
 (732) 774-0019 / www.aswexler.com
 email: aswexler@aol.com
 Compulsive Gambling & Related Addictions
 Training, Consultation, Evaluations,
 & Treatment Services
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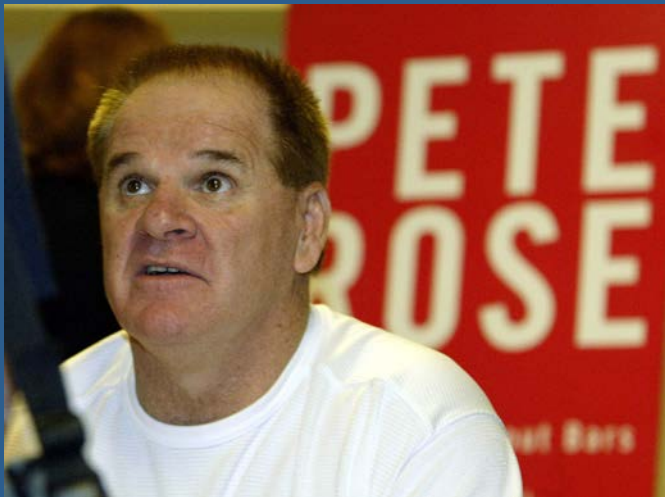
Three phases of Disordered Gambling



Phase I - Winning

- **Gambling begins as a social activity. It seems fun, normal.** During this phase, people:
- Sometimes win large amounts of money;
- Feel invincible, so they bet bigger amounts; because they believe they will win even more;
- Bet even more to maintain the excitement level.
- **But gambling isn't always about money. Problem gamblers like the excitement of gambling, the dream of winning big, or the escape from everyday problems or stresses.**

Three phases of Disordered Gambling



Phase II - Losing

- **This is where the real trouble begins. Gamblers feel like their activity is under control; in reality it is not.** During this phase, people:
 - **seek more action;**
 - believe they can quit whenever they want to -- but see no need to quit;
 - **gamble to win back what they've lost;**
 - **gamble and then lie about it;**
 - hide their losses;
 - take out loans so they can continue;
 - **break their promises to quit;**
 - **borrow from family and friends;**
 - have relationships that begin to suffer.



Three phases of Disordered Gambling



Phase III - Desperation

- Problem gamblers go through this stage just before they hit rock bottom. During this phase, people:
- feel desperation and hopelessness as losses continue to mount;
- cling to their fantasy of winning -- hoping to make everything well again;
- finally realize that they can't win, but they keep gambling anyway;
- have little concern for the people around them;
- **steal, write bad checks, or commit illegal activities to finance their gambling.**
- Some problem gamblers attempt suicide before they seek treatment.



Assessment

1. What to look for
2. What to guard against
3. What is important



Assessment continued



1. Look for a pattern of gambling that is causing them internal and external strife
2. **Guard against triggering the gamblers to gamble by asking about wins and losses**
3. Important to assess the level of change and the amount of support gambler has to make a change

DSM - 5 9
Questions
Assessment:
Gambling Disorder



1. Are you preoccupied with gambling (e.g. preoccupied with relieving past gambling experiences, handicapping, or planning the next venture, or thinking of ways to get money with which to gamble?)
2. Do you need to gamble with increasing amounts of money in order to achieve the desired excitement?
3. **Have you made repeated unsuccessful efforts to control, cut back, or stop gambling?**
4. Are you restless or irritable when attempting to cut down or stop gambling?
5. **Do you gamble as a way of escaping from problems or of relieving feelings of helplessness, guilt, anxiety, or depression?**

DSM - 5 9
Questions
Assessment:
Gambling Disorder

- 6. After losing money gambling, do you often return another day to get even?**
- 7. Do you lie to family members, therapists, or to others to conceal the extent of involvement with gambling?**
- 8. Have you jeopardized or lost a significant relationship, job or education or career opportunity because of gambling?**
- 9. Do you rely on others to provide money to relieve a desperate financial situation caused by gambling?**

Mild: 4-5 criteria met

Moderate: 6-7 criteria met

Severe: 8-9 criteria met



Gambling History

Age	Game	Amount	How Often	Consequences
17	Poker with friends		First time	Won \$35
17 –21	Poker with friends	\$10 each time	Five times	
18	Horse track	\$10	Once	Left cash card in machine, lost \$500.00
23	Casino			With spouse
23-26	Casino slots	\$20 – 80 each time	1/month	With spouse
26	Did not gamble for one year			
27	Casino – slots		Weekly	Alone
28	Casino – slots	\$18,000 in 4 months \$600 minimum per day	Daily (August-Oct.) sometimes 2-3 times per day	Felony charges Realized this averaged to \$72,000 in four months.
27	Scratch tickets	\$1.00 each time	Weekly	
28-29	Casino	\$20 – 40 most \$60	About 12 times	Since arrest

Applying the ASAM Criteria to Gambling Disorders

- ASAM Criteria Dimension 1: Acute Intoxication and/or Withdrawal Potential
- Sample Questions:
- Are there current signs of withdrawal (*restlessness or irritability when attempting to cut down or stop gambling*)?
- Does the patient have supports in the community to *enable him/her to safely tolerate the restlessness or irritability when attempting to cut down or stop gambling*?
- *What forms of gambling has the individual engaged in?*
- Has the patient also been using *psychoactive substances to the point where alcohol or other drug withdrawal management is necessary*?



**ASAM Criteria
Dimension 2:
Biomedical
Conditions and
Complications**

Sample Questions:

- **Are there current physical illnesses, other than withdrawal, that need to be addressed or which complicate treatment?**
- *Does the individual manifest any acute conditions associated with prolonged periods of gambling (e.g., urinary tract infection)?*
- Is there a need for medical services which might interfere with treatment (e.g., chemotherapy or kidney dialysis)?
- *Are there chronic medical conditions such as hypertension, peptic ulcer disease, or migraines that might be exacerbated by either cessation or continuation of the gambling behavior?*
- **Are there chronic conditions that might interfere with treatment (e.g., chronic pain)?**



ASAM Criteria
Dimension 3:
Emotional, Behavioral
or Cognitive
Conditions and
Complications

Sample Questions:

- Are there *other* current psychiatric illnesses or psychological, behavioral, or emotional problems *or a substance use disorder* that need to be addressed or which complicate treatment?
- Are there chronic conditions that affect treatment?
- Do any emotional/behavioral problems appear to be an expected part of *the gambling disorder*, or do they appear to be separate?
- Even if connected to *the gambling*, are they severe enough to warrant specific mental health treatment?
- **Is the patient suicidal, and if so, what is the lethality?**
- **If the patient has been prescribed psychiatric medications, is he/she adherent?**
- *Does the individual have distortions in thinking such as superstitions, overconfidence or an inflated sense of power and control?*



ASAM Criteria
Dimension 4:
Readiness To
Change

Sample Questions:

- Does the patient feel coerced into treatment or actively object to receiving treatment?
- **How ready is the patient to change (stage of “readiness to change”)?**
- If willing to accept treatment, how strongly does the patient disagree with others’ perception that s/he has a *gambling* problem?
- •Is the patient adherent to avoid a negative consequence (externally motivated) or internally distressed in a self-motivated way about his/her *gambling* problem?
- **Is there leverage available?**



**ASAM Criteria
Dimension 5:
Relapse, Continued
Use or Continued
Problem Potential**

Sample Questions:

- **Are there barriers to access to treatment, such as transportation or child care responsibilities?**
- Are there legal, vocational, social service agency, or criminal justice mandates that may enhance motivation for engagement into treatment?
- **Is the patient able to see value in recovery?**
- Are there any dangerous family, significant others, living, school, or work situations threatening treatment engagement and success?
- **Does the patient have supportive friendship, financial, or educational/vocational resources to improve the likelihood of successful treatment?**
- *Are the patient's financial circumstances due to the gambling or associated legal problems an obstacle to receiving or distraction from treatment, or a threat to personal safety (e.g., loan sharks)?*
- **ASAM information available on IDPH website**



Co-occurring disorders



BEFORE

AFTER

- In the problem gambling treatment population, 70 percent of participants reported using illicit drugs and 24 percent reported drugs had been a problem at least once in their life (Toneatto, 2002).
- Iowa (Shaffer et al., 2002) found 23% of gamblers had been treated for substance abuse.
- **A review of 520 problem gamblers receiving gambling treatment in Nebraska revealed that 45% had received mental health or substance abuse services in the six months prior to gambling treatment, and 43% of those were receiving outpatient substance abuse treatment (Christensen, 2001).**

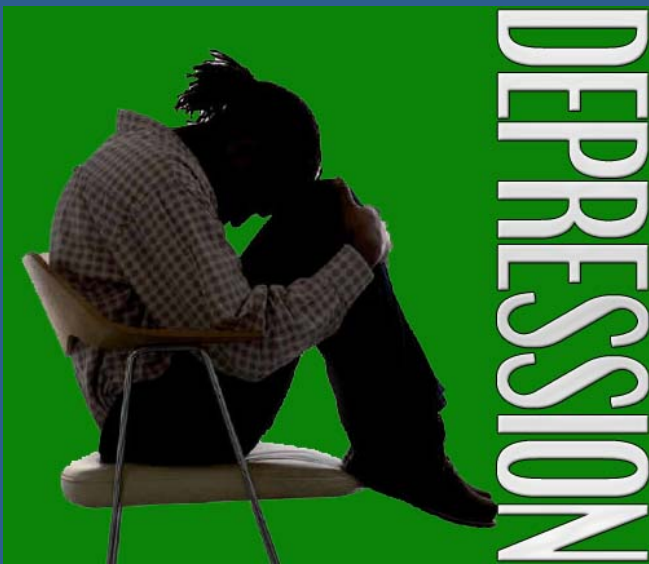


Are Gambling Problems More Common Than Drinking Problems in Adults?

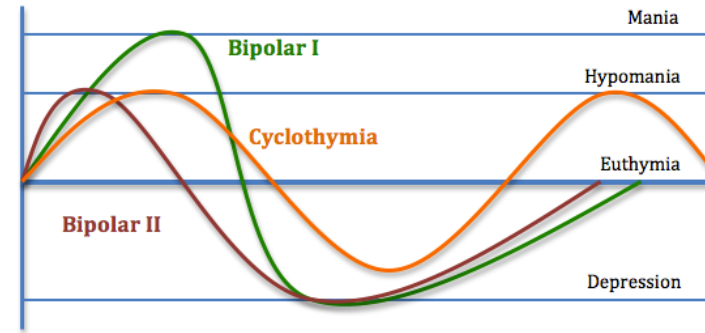
- The study, published in the *Journal of Gambling Studies*, is from the Research Institute on Addictions at the University at Buffalo, N.Y. (Welte, Barnes, Tidwell, & Hoffman, 2010).
- The researchers state that “after age 21 problem gambling is considerably more common than alcohol dependence” (Welte et al., 2010, p. 57).
- The confusion comes from comparing this broadest definition of disordered gambling with a narrow definition of alcohol disorders.



Most Common Co-Occurring Disorders



- Alcoholism – 30% of gamblers were also alcoholics.
- Depression – major, dysthymic.



- Suicidal – National Gambling Impact Study 1999:
 - ideation – 48-79%
 - attempts - 12-26%
 - debt - \$38,000 to \$113,000

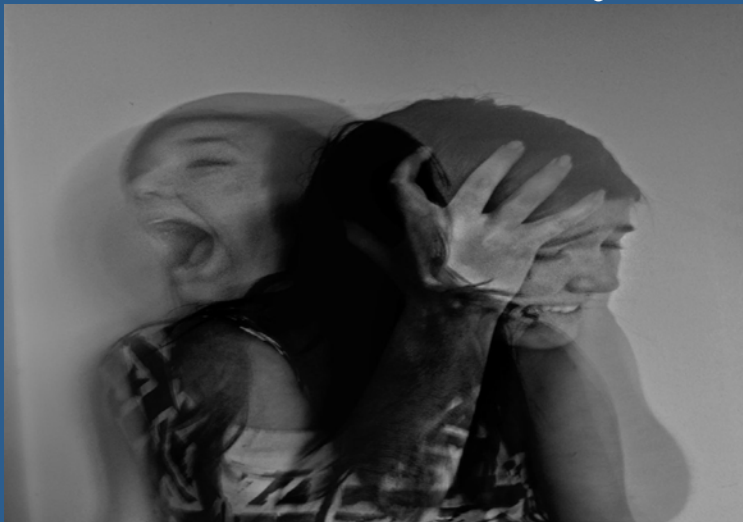
Gambling linked to one in five suicidal patients

- ALMOST one in five suicidal patients seen by The Alfred hospital's emergency department is a problem gambler, figures from a groundbreaking program have shown.
- The program, prompted by a nurse's curiosity over what tipped patients into crisis, is set to expand statewide.
- The 17 per cent figure, which includes patients referred by mental health crisis teams, is about 20 times the rate of problem gambling in the community.

Read more: <http://www.theage.com.au/national/gambling-linked-to-one-in-five-suicidal-patients-20100420-srri.html#ixzz1qWDlr0BL>



Most Common Co-Occurring Disorders



- **Bi-Polar disorders**
- **Other addictions – i.e., cocaine, meth**
- **Issues of abuse:**
 - **emotional abuse – 69%**
 - **physical abuse – 46%**
 - **sexual abuse – 28%**

Special populations

- Welte et al. (2001) found higher rates of current problem and pathological gambling in African Americans (11.5%), Hispanics (7.7%), Asian Americans (7.7%), and Native Americans (13.2%) than that discovered in the Caucasian population (3.5%).
- **Nancy Petry, in research done for the Connecticut Department of Health and Human Services, found that 60% of Southeast Asians surveyed in 2003 were classified as probable pathological gamblers.**



Age Risk Factors Young Adults

- **Greater risk than older persons**
- **Prefer action games**
- **Desire excitement**
- **Co-occurring alcohol/drug abuse**
- **Conduct/behavioral problems**
- **Socialization**
- **Brain development: reasoning, decision-making, inhibitions (stop factor)**



Age Risk Factors Older Adults

- **Lower risk but more vulnerable (Time & Income)**
- **Prefer slots and other passive games**
- **Reasons to gamble**
 - relaxation
 - boredom
 - passing time
 - getting away for the day
- **Socialization**
- **Growing participation**
 - 1975: 35% of those older than 65 had gambled
 - 1998: 80% of those older than 65 had gambled



Special populations within problem gambling: Adolescents

- **Prevalence: 4-8% probable pathological (Disordered) gamblers**
- 10-15% at risk for problem gambling
- 1.1 million youth 12-17 exhibit pathological gambling behaviors
- 5 million youth with serious gambling related problems
- 40-60% of youth gamble with family members
- **80-90% of parents know their children gamble for money and do not object**
- Adolescents with gambling problems (age 14-17) are at higher risk for suicidal thoughts and attempts
- **Gambling is the new “rite of passage” instead of alcohol**

J. Derevensky, 2005: presentation at Midwest Conference on Problem gambling and Substance abuse



Special populations within problem gambling: Adolescents



Profile:

- Predominantly male
- Higher levels of anxiety
- Family discord and poor peer relationships
- Preoccupation with gambling
- Sports betting, cards and Video
- Serious financial problems, failure in school or work
- Lying to family and friends (friends typically have similar gambling problems)
- Stealing from family, friends, stores, etc.
- Depression – gambling to escape and feel better
- Lacks effective coping and problem solving skills
- Need for arousal or strong sensations
- Confused about whether or not they want to stop

J. Derevensky, 2005: presentation at Midwest Conference on Problem gambling and Substance abuse



Special Populations
within problem
gambling: Women



- 54% self-report co-morbid addictions
- **70% self-report prior mental health treatment**
- 35% married to chemically dependent men
- **26% report prior suicide attempts (of those in treatment)**
- 40% have an addicted parent
- Have quicker progression rates (for all addictions)
- Are less likely to seek treatment
- **Experience more abuse and isolation**

Deb Hammond: 2005 presentation to Nebraska Spring Conference on Problem Gambling



**Special Populations
within problem
gambling: Women**



Predisposing factors for women gamblers:

- **History of abuse or neglect**
- Family history of addiction
- Relationship difficulties (divorce, domestic violence, or isolation)
- **Death (parent, spouse/partner, pet, child, close friend or relative)**
- Fear of own death
- Physical health problems / chronic pain
- Menopause
- Loss of finances / home
- Loss of youth
- Raised in low income home/family

Special Populations within problem gambling: Women



Predisposing factors continued:

- **Empty nest syndrome**
- Unresolved grief
- Personality factors (Axis II Dx, ADD (ADHD), Impulsivity, people pleasers, passive-aggressive)
- Chronic stress
- **Lack of leisure activities**
- Boredom
- Loneliness
- **Other mental health conditions (depression, anxiety, PTSD)**

Deb Hammond: 2005 presentation to Nebraska Spring Conference on Problem Gambling



“Know when to hold ‘em and know when to fold ‘em” is an adage that doesn’t seem to apply to gamblers who are winning big, according to research conducted at the University of Notre Dame.

RECKLESS

- **Researchers found those players who perceived they were on a winning streak gambled more and more recklessly and lost**
- “Like individual investors who expect stocks that have recently risen in price to continue to gain in value, people who had just won many bets would wager too much on hands that were likely to lose,”



Criminal activity



- Most common forms of illegal activity with PG
 - **Writing bad checks / Identity theft**
 - **Embezzlement**
 - Robbery
 - Blackmail
 - **Tax Fraud**
 - Prostitution
 - **Theft**
- **Survey of GA: 46% reported stealing to gamble and 39% reported being arrested**

Florida 2010 Criminal Study

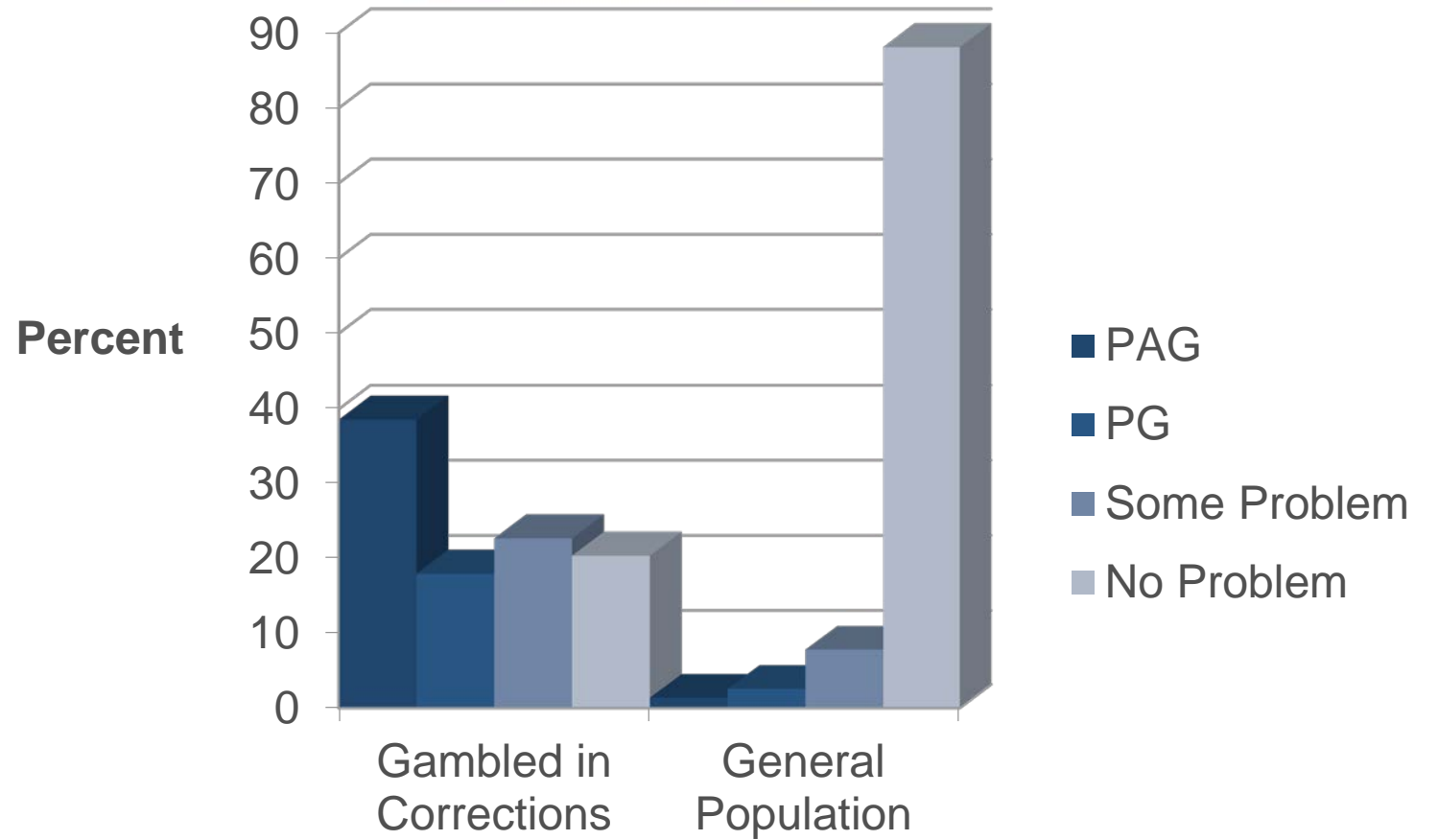
- 1 in 5 inmates is a problem(diagnosable) gambler
 - Probation numbers around 10%
 - Nebraska study 2006 higher number (22%)



FreakingNews.com



Lifetime Prevalence of PG in Corrections



Gamblers enjoy a
“near miss” almost
as much as a win



NEAR MISS

That which results in loss of control of bodily functions, but you don't mind the warm, smelly feeling in your pants because you survived

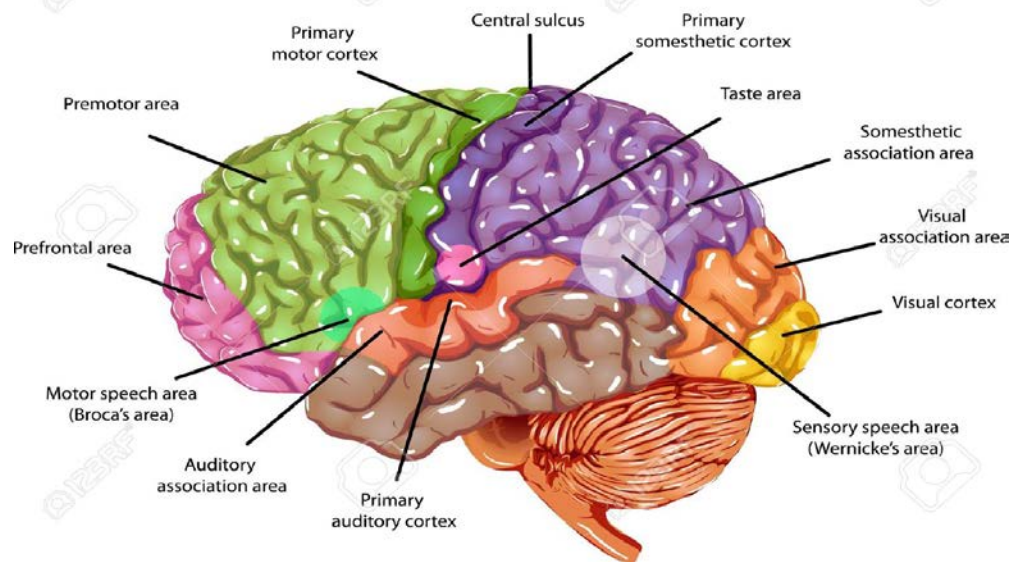
- Compulsive gamblers carry on making bets even when they are on a losing streak because a near miss rewards their brains almost as much as a win :
-
- Researchers found that the brains of problem gamblers react more intensely to near misses than casual gamblers, producing the reward hormone dopamine.
- The University of Cambridge results could help explain what keeps problem gamblers betting even though they keep losing.

Dr Luke Clark of the University of Cambridge



Problem Gambling May Start in Failure of Brain's Fear Instinct

Regions of the Human Brain

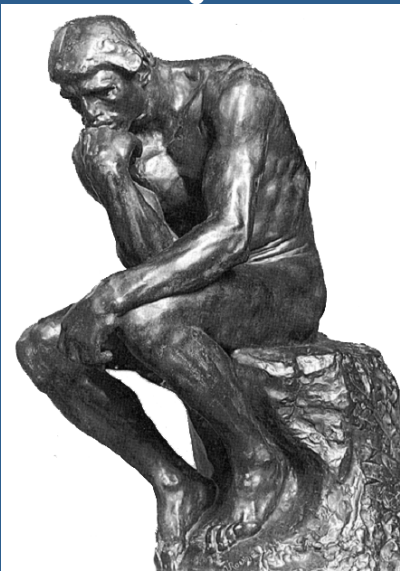


A study has found that a part of the brain that controls fear may prevent gambling, even when the estimated benefit is greater than the cost.

Conversely, **those whose amygdala's, containing the brain's fear responses, are damaged were found to gamble even when the odds are against them, like problem gamblers.**

California Institute of Technology and the University College of London

Thinking of Problem Gambling – False Beliefs



- My system of play will eventually prove to be successful.
- “Knowing” when a machine is about to pay big.
- **Past outcomes are good predictors of future chances.**
- Fallacy of “chasing” – continue to bet more money, despite losing, with thought of eventual win.
- **Illusion of control or influence over electronic machines.**
- Larger periods of play will produce better results.
- Gambling success was more of an internal cause than “luck.”
- **Illusion of control – belief in a higher level of probability than actually exists.**
- Skill comes into play when the outcome is actually entirely based on probability.
- **Early or initial winning creates a belief that future outcomes will be similar.**

Thinking of Problem Gambling – False Beliefs



- In sports betting – my favorite team is expected to win.
- I have lost so much, it's too late to cut my losses now.
- **Gambling is a legitimate way to make money.**
- Suicide is seen as the solution to self-created problems
- **Belief in a personal relationship to “luck.”**
- **Gambling is the only way I can make as much as I need to get out of debt.**
- I'm a strong-willed person; I know I can quite when I decide to.
- I always pay my debts, I can't have a problem with gambling.
- I go to work every day, I pay my bills, I can't have a problem.
- **I'm respected by the other guys I gamble with.**

Screening Tools

- South Oaks Gambling Screen (SOGS)
- National Opinion Research Center Screen for Gambling Problems (NODS)
- CAMH Screening Tool
- Gamblers Addiction Index (GAI)
- Lie/Bet Questionnaire
- GAIN-SS (WPI)
- BASIS 32
- ASI
- GA 20 Questions
- Minnesota Impulsive Disorders Interview
- Massachusetts Gambling Screen (MAGS)
- Early Intervention Gambling Health Test (EIGHT)
- Pathological Gambling Modification of Yale-Brown Obsessive Compulsive Scale (PG-YBOCS)
- Gambling Symptom Assessment Scale (G-SAS)
- SOGS-RA for adolescents
- Gambling Behavior Interview (GBI)



Gamblers Anonymous 20 Questions



1. Did you ever lose time from work or school due to gambling?
2. Has gambling ever made your home life unhappy?
3. Did gambling affect your reputation?
4. **Have you ever felt remorse after gambling?**
5. Did you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
6. Did gambling cause a decrease in your ambition or efficiency?
7. **After losing did you feel you must return as soon as possible and win back your losses?**
8. After a win did you have a strong urge to return and win more?
9. **Did you often gamble until your last dollar was gone?**

Gamblers Anonymous 20 Questions



10. **Did you ever borrow to finance your gambling?**
11. Have you ever sold anything to finance gambling?
12. Were you reluctant to use "gambling money" for normal expenditures?
13. Did gambling make you careless of the welfare of yourself or your family?
14. **Did you ever gamble longer than you had planned?**
15. Have you ever gambled to escape worry or trouble?
16. Have you ever committed, or considered committing, an illegal act to finance gambling?
17. Did gambling cause you to have difficulty in sleeping?
18. Do arguments, disappointments or frustrations create within you an urge to gamble?
19. Did you ever have an urge to celebrate any good fortune by a few hours of gambling?
20. **Have you ever considered self destruction or suicide as a result of your gambling?**



Gam - Anon Questions

1. Is the person in question often away from home for long, unexplained periods of time?
2. Does this person ever lose time from work due to gambling?
3. Do you find yourself constantly bothered by bill collectors?
4. Do you feel that this person cannot be trusted with money?
5. Does the person in question faithfully promise that he or she will stop gambling; beg, plead for another chance, yet gamble again and again?
6. Does this person ever gamble longer than he or she intended to, until the last dollar is gone?
7. Does this person immediately return to gambling to try to recover losses, or to win more?
8. Does this person ever gamble to get money to solve financial difficulties or have unrealistic expectations that gambling will bring the family material comfort and wealth?
9. Does this person borrow money to gamble with or to pay gambling debts?
10. Has this person's reputation ever suffered due to gambling, even to the extent of committing illegal acts to finance gambling?



Case management

Case management does NOT focus simply on gambling, but instead on all needs of a client.

- Assess the following areas:
 - Initial problem and background to problem
 - Current living situation
 - Education
 - Relationships
 - Work
 - Legal
 - Financial
- Answering questions:
 - What will make life more stable
 - Strengths the client has / resources
 - How well is the person functioning
- Recommendations / Referrals



Financial CASE MANAGEMENT



- Individual or family sessions
- Fee Reduction
- Assist with immediate financial concerns
- **Credit Report (Credit Karma –Start here)**
- Accountability plan
- Changing thoughts about money
- **Family involvement in recovery budget**
- Identifying ways to limit access to money
- Wealth Protection Plan
- **Build a budget**

Bankruptcy

- **One gambling establishment in a county correlates with 18% higher bankruptcy rates.**
- Mean unsecured debt for those filing bankruptcy was \$40,000
- Average of 6 credit cards
- **Bankruptcy is a last resort**

Grant, J. (2008). Impulse Control Disorders: A clinician's guide to understanding and treating behavioral addictions. W.W. Norton: NY



Sustained Release Bupropion (Wellbutrin) versus Naltrexone in the Treatment of Pathological Gambling



A 2006 study shows that bupropion SR may be effective as naltrexone in the treatment of pathological gambling.

- Subsequent findings from a Minnesota clinical setting suggests that a majority of pathological gamblers improve with medication treatment. **Naltrexone, or augmentation of naltrexone with an SSRI, appears to be most effective in relieving gambling symptoms.**

Gamblers subtypes and medications



- In the first subtype, gamblers who are driven by urge responded well to treatment with medications that block the brain's opioid system (e.g., naltrexone) or certain receptors for the neurotransmitter glutamate (e.g., memantine). Grant also found that family history plays an important role in refining this group even further. People with a family history of addiction responded even better to the opioid blocker, which has been shown in other studies to decrease the urge to use substances such as alcohol.
- The second subtype, gamblers who have difficulty inhibiting their behaviors and react to the smallest desires, respond well to medications that act on a specific enzyme, catechol-O-methyltransferase (COMT), which plays a major role in the function of the prefrontal cortex. Researchers found that decreasing the function of COMT can increase one's ability to inhibit their desire to gamble. (Generally used in TX of Parkinsons Disease)



Medication Research

Medication	Subjects	Mean Daily Dose	Outcome
Fluvoxamine(Luvox) ¹	15 enrolled 10 completed	195 mg	Fluvoxamine superior to placebo
Naltrexone (ReVia) ²	89 enrolled 45 completed	188 mg	Naltrexone group significantly improved compared with placebo
Fluvoxamine(Luvox) ³	32 enrolled 13 completed	200 mg	Fluvoxamine not statistically significant from placebo
Paroxetine (Paxil) ⁴	53 enrolled 41 completed	51.7 mg	Paroxetine group significantly improved compared to placebo
Paroxetine (Paxil) ⁵	76 enrolled 45 completed	50 mg	Paroxetine and placebo groups with comparable improvement
Lithium carbonate SR (Lithobid SR) ⁶	40 Bipolar-spectrum subject enrolled 29 completed	1,170 mg	Lithium group significantly improved compared with placebo
Sertraline (Zoloft) ⁷	60 enrolled 44 completed	95 mg	Similar improvement in both groups
Nalmefene ⁸	207 enrolled 73 completed	25mg, 50mg or 100mg	Nalmefene group significantly improved compared to placebo

Sources for chart

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N-Acetyl Cysteine May Help Reduce Gambling



- The authors of the study concluded: The efficacy of NAC lends support to the hypothesis that pharmacological manipulation of the glutamate system might target core symptoms of reward-seeking addictive behaviors such as gambling. Larger, longer, placebo-controlled, double-blind studies are warranted.
- Similar studies of N-acetyl cysteine have shown it can curb drug addictions in animals. However, the researchers of the current study believe their study was the first to look at the effects of a glutamate-modulating agent in pathological gamblers. The researchers are currently investigating whether NAC could help methamphetamine users quit.
- 1,200 MG
- **Addictions** Grant JE, Kim SW, Odlaug BL. N-acetyl cysteine, a glutamate-modulating agent, in the treatment of pathological gambling: a pilot study. *Biol Psychiatry*. 2007 Sep 15;62(6):652-7.



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- Davis, Diane Rae. (2009). Taking Back Your Life: Women and Problem Gambling.
- Estes, Ken & Brubaker, Mike. (1994). Deadly Odds: Recovery from Compulsive Gambling.
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- Heineman, Mary (1992). Losing your Shirt: Recovery for compulsive gamblers and their families.
- Hodgins, David. & Makarchuk, Karyn. (2002). Becoming a Winner: Defeating Problem Gambling.



A FINAL QUOTE



*"Some cause
happiness wherever
they go; others,
whenever they go."*

Oscar Wilde (1854-1900)



**Jerry
Bauerkemper
Exnccgjb@aol.com**

Thank you, Thank You, Thank You! For
your many years of support in helping
problem gamblers!



Q&A



CEU's!

- CEU Polling Question
- Certificates will be sent out to the email provided in the next 30 days.



Jerry Bauerkemper

**Problem Gambling Recovery Services/ Nebraska
Council on Problem Gambling**

www.NEproblemgambling.com

Exnccgjb@aol.com

402-699-6810

