Problem Gambling Intervention and Treatment

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

February 27, 2019

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Welcome!

IPN Problem Gambling Treatment Webinar Series

- **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)

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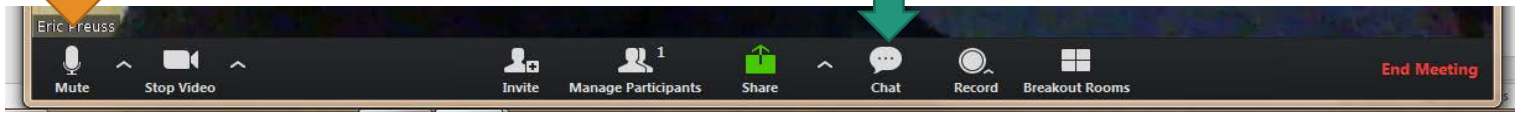
ZOOM Interface, CEU's & Handouts

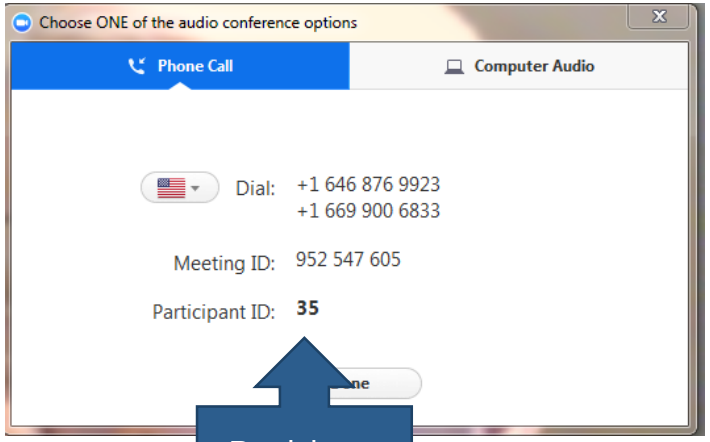
Mute

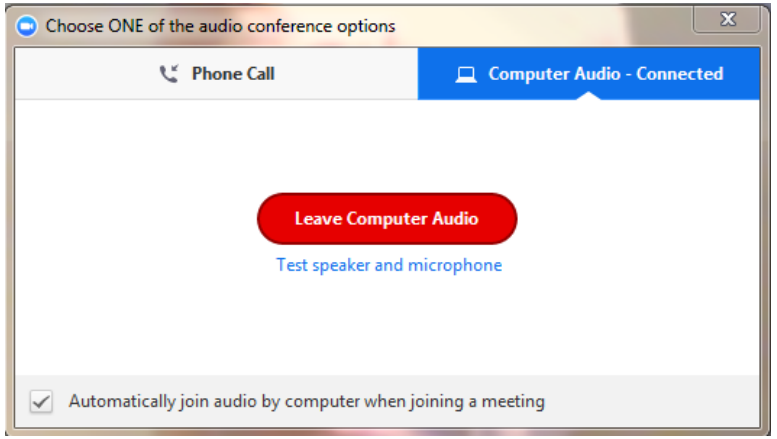
Please click on "Mute" to minimize background noise. If joining by phone, *6 to mute/unmute

Chat

Please click on "Chat" to ask questions







Participant ID

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

Nicolas Foss

MS, IADC, BACC, ICGC-II

Nicolas Foss is the Associate Director for Treatment Services at Alcohol and Drug Dependency Services of Southeast Iowa. He is an International Alcohol and Drug Counselor, International Certified Gambling Counselor II, and Board Approved Clinical Consultant. Mr. Foss has specialized in treating problem gamblers for the past 9 years, and is now focused on developing broader evidence based addictions treatment programming at a private non-profit agency in Burlington, IA. Nicolas is an adjunct faculty member at Iowa Wesleyan University and doctoral student at Grand Canyon University in behavioral health leadership. He resides in Mt. Pleasant, IA with his wife and two children.

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Objectives

- Explore important considerations of the clinical population that will impact the types of treatments applied.
- Discuss evidence based practices to be utilized with problem gamblers.
- Present the Choices booklet (currently under review) as a viable option for distance treatment and treatment as usual.

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Treatment Considerations

- Gender
- Co-occurring conditions
- Approaches to gambling
- Stages of change
- Criminality (Pathways model)

Gambling in Men Vs. Women

Men

- Like Competitive Gambling
- Are interested in statistics
- Men research their bets
- Have urges to gamble unrelated to emotional
- Have rates twice that of women
- Onset earlier than in women

Women

- Like Slot Machines
- Bet on aesthetics
- Tend to disassociate while gambling
- One-third of pathological gamblers
- Onset later than men and rapidly progresses
- Gambling often relates to emotional state
- Often co-occurring with mood/anxiety disorders

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Co-occurring Factors
Problem Gambling and Mental Health

PGs with disorder

Alcohol	73.22%
Drug	38.10%
Bipolar	36.99%
Mania	22.80%
Specific phobia	23.54%
Generalized anxiety	11.15%
Any personality disorder	60.82%

From Petry et. al. (2005) Journal of Clinical Psychiatry

Co-occurring Factors
Problem Gambling and Mental Health

PGs with disorder

Substance use disorders	18%
Mood disorders	26%

Likelihood of receiving social work services – 2-fold

Depressive disorders make a 3-fold increase in receiving primary care services

Rodriguez-Monguio, Errea, & Volberg (2017)

Types of problem gamblers

- Action Gambler
- Escape Gambler

Action gamblers

Many "action" gamblers have domineering, controlling, manipulative personalities and may have large egos. They see themselves as friendly, sociable, gregarious and generous. Their average IQ is over 120. They are energetic, assertive, persuasive and confident. In spite of all this, they usually have low self esteem. Historically, they started gambling at an early age, often in their teens, placing small bets on sporting events or playing cards with friends or relatives. They progress through the four phases of the disorder over a 10- to 30-year time span.

Note: Telescoping phenomenon is well documented among gambling women, gambling onset is later in life but onset of disordered / problem gambling may be within 2-3 years of onset.

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Escape gamblers

Most Escape gamblers are not egotistical, have no indications of narcissism and are not outgoing. They appear to be "normal" and have an almost exact opposite character profile than that of the Action gambler. During their lives, various psychological traumas have occurred. These individuals frequently suppress these negative feelings and do not deal with them. A single traumatic event may take place which causes situational or clinical depression.

Escape gamblers literally get "relief" or "escape" from psychological and emotional pain. Many are actually afraid to stop gambling because they have no confidence they will be able to endure the pain they fear will come when they stop medicating themselves with their drug of choice, gambling. Escape gamblers desire the escape-at-all-cost anesthetizing quality of slot machines, video poker, keno, bingo or whatever type of gambling they became addicted to.

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Stages of Change

- It is important to note that your problem gambling clients will show up with very different reasons for seeking treatment than substance use disorder clients.
- SUD client motivations – may be coerced by a number of different third parties such as the courts, Department of Corrections, family, and others.
- Problem gambling clients will present with more similar motivations to mental health clients as they may present with a greater number of internal motivators to change and *positive* external motivators.
- As such, you will find problem gambling clients more likely to present in the determination – action stages of change as opposed to the pre-contemplation stage with SUD clients.

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Criminality

- Your gambling clients may present with criminal behaviors which will not result in a formal referral to gambling treatment by the courts, probation, Department of Corrections, etc. They may catch on to your services by doing their own research, or may come to you after heeding a suggestion from their probation officer as an adjunct to other court-ordered services.
- Pay attention to the diagnosis you make, ASAM level of risk, and your comprehensive assessment as you will notice a distinction.
- Applying he Gambling Pathways Questionnaire can be very helpful to better understand he complex behaviors that co-occur with the problematic gambling.

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Gambling Pathways (in brief!)

- The Pathways Model of problem and disordered gambling (and by extension the questionnaire) give the clinician a nearly predictive model of potential behavioral treatment targets.
- **Pathway 1: behaviourally conditioned problem gamblers** - not pathologically disturbed. PG appears as a result of poor decision-making strategies and impaired judgments. Any comorbid features and symptoms of gambling disorder are a consequence, not cause of PG. Motivated to seek / attend treatment.
- **Pathway 2: emotionally vulnerable problem gamblers** – Emotionally susceptible group - uses gambling as a way to improve mood and/or to meet affective needs. Higher levels of co-morbid mental illness such as depression, anxiety, substance us disorders and lack of viable coping strategies.
- **Pathway 3: antisocial, impulsivist problem gamblers** – Similar to pathway two gamblers in psychosocial vulnerability. May suffer from antisocial personality disorder and impulsivity and/or attention-deficit disorders. High sensation / pleasure seeking. Clinical impulsivity and broad range of problems along with gambling - substance use, low boredom tolerance, criminal behavior, tenuous relationships, family history of antisocial behavior. Early onset of gambling, rapid onset of PG and binges. Less motivated to seek treatment, less likely to complete treatment and respond at low levels to all interventions.

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Treatment/Recovery Options

- Counseling
  - Motivational Interviewing
  - Stages of Change
  - Cognitive Behavioral Therapy
  - Choices (Telehealth and TAU)

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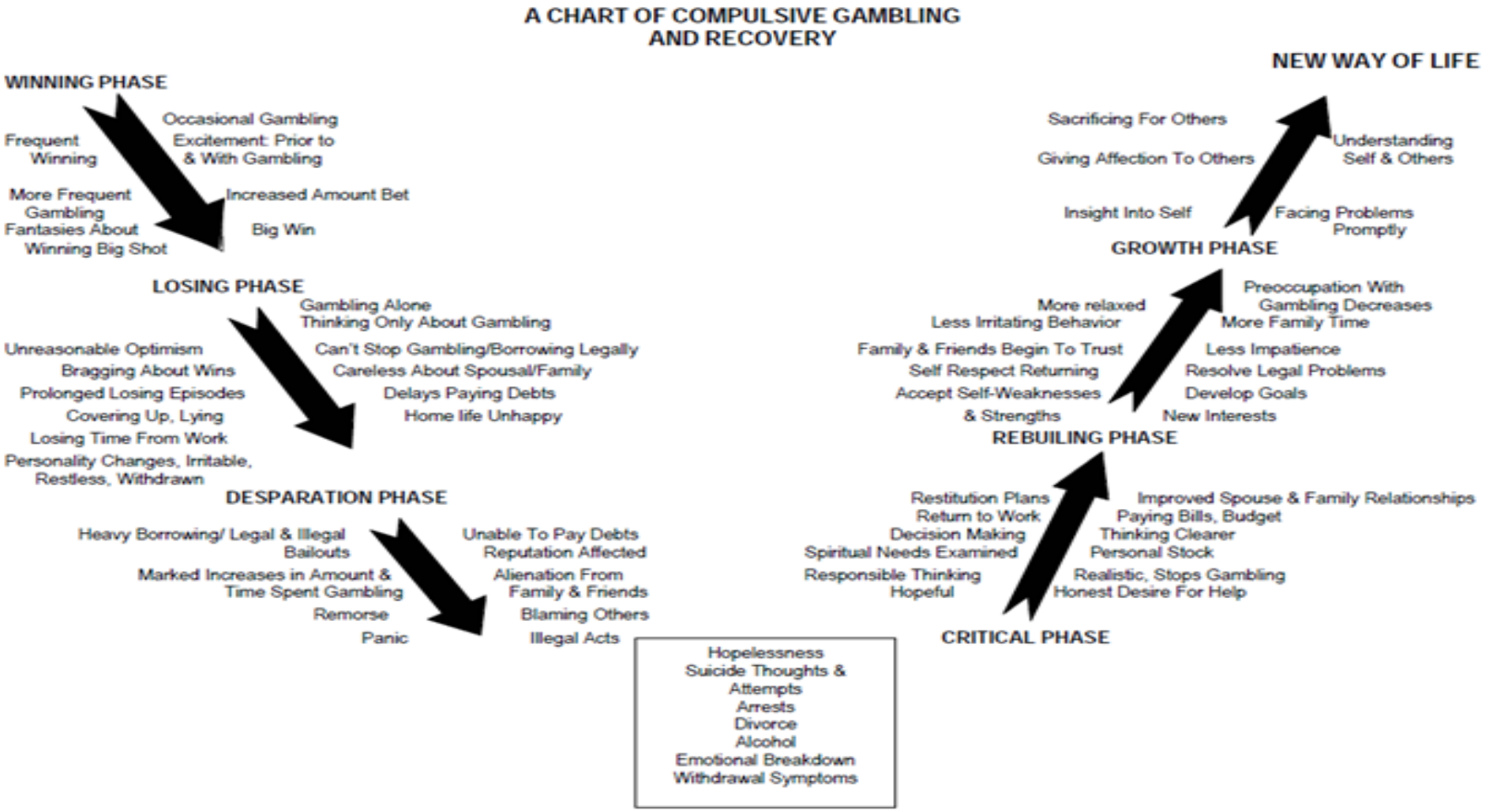
V Chart of Problem Gambling



Go-to Counseling Style

- Must be Motivational Interviewing – this strategy is highly indicated in multiple studies to be effective with problem gamblers.
- This strategy must be utilized in place of any confrontational strategies commonly employed with substance users.
- Remember! Your gamblers won't be coming to you mandated like other populations – you will either be identifying these clients through screenings or they will self-refer. They also are very likely (like your substance users) to engage in pre-treatment change processes.
- Attempts to use confrontative, demanding treatment practices that mandate total abstinence will cause you to lose your clients.
- Use MI.

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Motivational interviewing

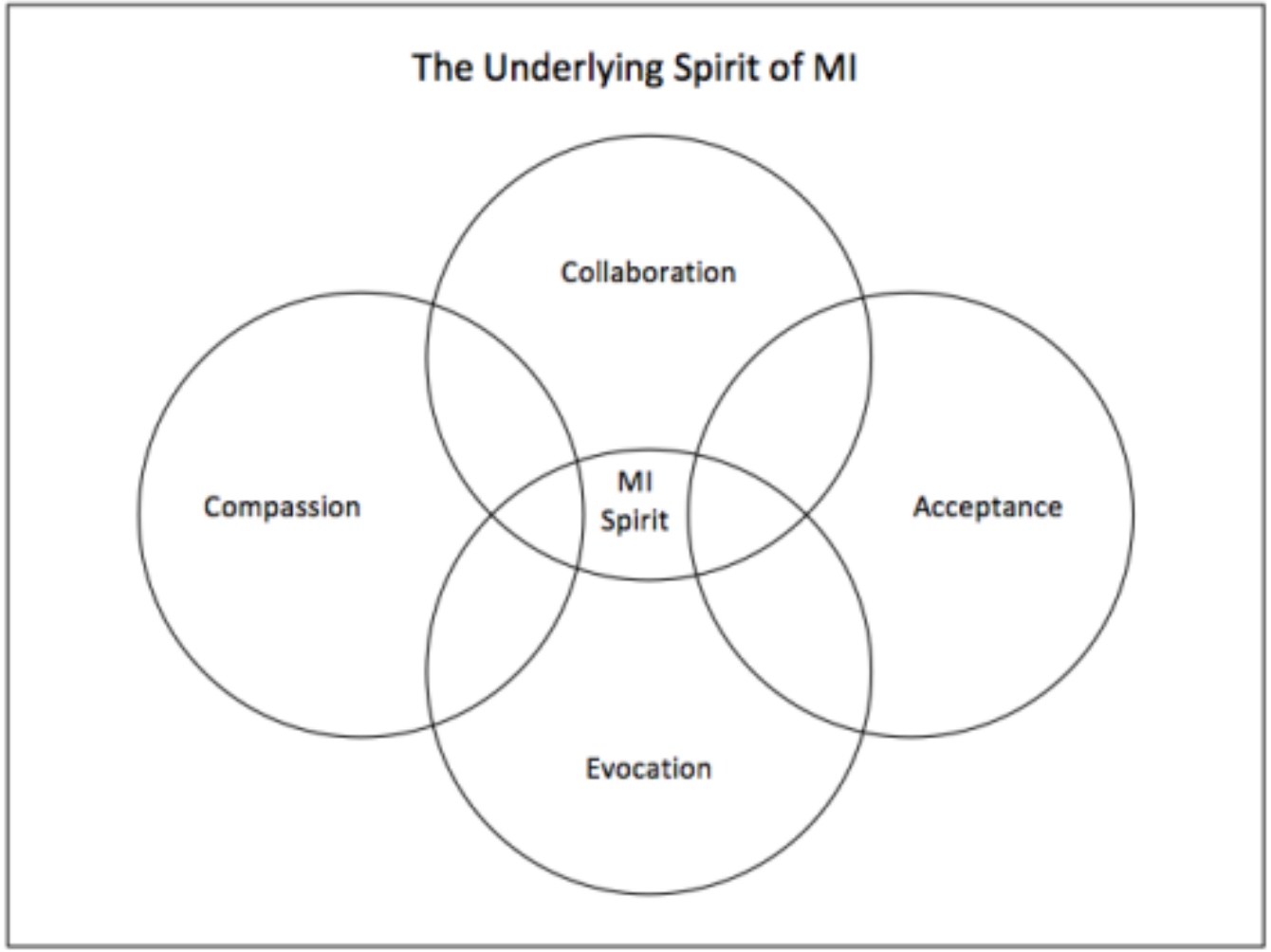

Image recreated from: Miller & Rollnick, 2013

MI SPIRIT

MI Spirit - a style, attitude or approach. A way of being when talking about change. A powerful ingredient in the fuel that drives good practice.

- Collaborative – working with the client – respect the client's expertise; understand their goals.
- Evocative – drawing out ideas and solutions from the client as the experts about themselves.
- Honor autonomy – decision making is left to the client. They are ultimately responsible.

Motivational Interviewing – Core skills

MI Techniques

- OARS
  - Open-ended questions
  - Affirmative statements
  - Reflective statements
  - Summary statements
- Listening for change talk
  - Desire: Why would you want to make this change?
  - Ability: How would you do it if you decided?
  - Reason: What are the three best reasons?
  - Need: How important is it? and why?
  - Commitment: What do you think you'll do?

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The Stages of change

Stage 1: Precontemplation

Characteristics: Denial, Ignorance of Problem

Strategies:

- Encourage individual to rethink their behaviour
- Encourage self-analysis and introspection
- Explain the risks of the current behaviour

Stage 2: Contemplation

Characteristics: Ambivalence, conflicted emotions

Strategies:

- Weigh the pros + cons of changing a behaviour
- Confirm readiness to change and encourage confidence in your abilities.
- Identify barriers to change

Stage 3: Preparation

Characteristics: Experiment with small changes, collect information about change

Strategies:

- Write down your goals
- Prepare a plan of action
- Make a list of motivating statements

Stage 4: Action

Characteristics: Direct action towards achieving a goal

Strategies:

- Reward your successes
- Seek out social support
- Make a list of motivating statements

Stage 5: Maintenance

Characteristics: Maintain new behaviour, avoid temptation

Strategies:

- Develop coping strategies to deal with temptation
- Remember to reward yourself for success

Stage 6: Relapse

Characteristics: Disappointment, failure, frustration

Strategies:

- Identify triggers that lead to relapse
- Recognize barriers to success and take steps to overcome these obstacles
- Reaffirm your goals and commitment to change.

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Cognitive Behavioral Therapy

- These approaches should focus on building self-efficacy through challenging erroneous thinking patterns surrounding the gambling.

- Coping strategies are then tailored to the client's treatment plan based on the clinical assessment.

- See Ciarrocchi's (2002) text *Counseling Problem Gamblers* for materials presented here.

Cognitive Behavioral Therapy – Decisional Balance

Continuing to gamble	Stopping gambling
Benefits	Benefits
Costs	Costs

Cognitive Behavioral Therapy – Challenging beliefs about gambling

Place a check mark next to any item that occurred as a result of gambling.

For each item checked please rate how bothered you were by that consequence

0	1	2	3	4
Not at all		somewhat		Very Much

	Occurred (Checkmark)	Bothered (0-4)
Occupied too much time	____	____
Conflict at work	____	____
Felt out of control	____	____
Couldn't keep mind on job	____	____
Arguments with Spouse/Partner	____	____
Arguments with children	____	____
Argument with other family members	____	____
Lost self-respect	____	____
Felt guilty	____	____
Spent less time with non-gambling friends	____	____
Told lies	____	____
Didn't give others attention	____	____
Unpaid debts on credit cards	____	____
Unpaid debts to banks/lending institutions	____	____
Late paying household bills	____	____
Late paying loans	____	____
Late paying credit cards	____	____
Illegal acts (other than gambling itself)	____	____
Unable to take vacations	____	____
Spouse/partner criticized you	____	____
Friends criticized you	____	____

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Cognitive Behavioral Therapy – Challenging beliefs about gambling Pt. 2

Family members criticized you	___	___
Employer/co-worker criticized you	___	___
Violated your personal values	___	___
Unable to reach your career goals	___	___
Unable to reach your family goals	___	___
Unable to reach your financial goals	___	___
Unable to reach your spiritual goals	___	___
Kept secrets from people you're close to	___	___
Became violent	___	___
Thought about dying	___	___
Thought about hurting yourself	___	___
Tried to hurt yourself	___	___
Lost a job	___	___
Had things you purchased reposed	___	___
Late paying rent	___	___

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Cognitive Behavioral Therapy – Gambling Triggers

1. **Describe a situation when I gambled recently.**
   What did I do earlier in the day?
   What did I do an hour before gambling?
   What did I do 30 minutes before gambling?
   What did I do 5 minutes before gambling?
   Feelings? Mood?

2. **Triggers Chart.** Rate the intensity of urge to gambling at each stage.

   Urge Intensity Scale
   0-2 minimal
   3-4 moderate
   5-6 intense
   7-8 overwhelming

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Cognitive Behavioral Therapy – Gambling Triggers Pt. 2

Feelings early in the day
Urge intensity: ___

Activities up to 5 hours before gambling
Urge intensity: ____

Activities up to 3 hours before gambling
Urge intensity: ___

Activities up to 2 hours before gambling
Urge intensity: ___

Activities 1 hour before gambling
Urge intensity: ___

Feelings 1 hour before gambling
Urge intensity: ___

Activities 30 minutes before gambling
Urge intensity: ___

Activities 5 minutes before gambling
Urge intensity: ___

GAMBLED

Cognitive Behavioral Therapy – Coping With Triggers

Coping with Relapse
Lapse/Slip Analysis Worksheet

1. When a slip/lapse occurs, people often feel blindsided by the event. Yet they fail to see how they may have put the blinders on themselves. Slips usually occur when people take a step early in the slip process that makes resistance extremely difficult. Problem gamblers who were admitted to the addiction treatment hospital where I worked would sometimes decide to drive through Atlantic City. It was actually 200 miles out of the way, but they wanted to take "the scenic route." Did they consciously intend to gamble? Some don't. Was it sensible? What do you think?

2. The purpose of this worksheet is to dissect a recent slip/lapse to see whether you did things early in the process that made the slip more difficult to resist.

3. Use your Triggers Worksheet to analyze a recent slip/lapse.

4. Break down the event roughly into these stages:
   Preparatory:

   Middle:

   Ending:

5. What choice(s) did you make in the preparatory stage that you can now see set the stage for the slip/lapse?

   a. How did this/these choice(s) contribute to the slip/lapse?

   b. How aware were you *at the time* that this choice could be closely linked to a slip?

   c. How aware now?

   d. What do you need to do differently to keep the blinders off?

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Cognitive Behavioral Therapy – Gambling Behavior Warning Signs

Gambling Behavior Warning Signs

Warning signs that I may be gambling or feeling urges to gamble.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

Cognitive Behavioral Therapy – Coping With Relapse

Coping with Relapse
Containing a Slip by Stopping Snowballing

1. Describe your slip /lapse.
2. Negative Thoughts about the slip/lapse.
   A. Thoughts related to: *I messed up, might as well go all the way and do it right.*
   B. Thoughts related to: *It's no use, what's the point, I'm not strong enough anyway.*
3. Consequences of Negative Thoughts.
   A. Negative Feelings
   B. Effect on My Self-Esteem
   C. What I feel like doing right now.
4. Challenging the negative Thoughts.
   A. Yes, I messed up—but, how worse will a binge make my situation?
      What resources do I have to get back on my feet?
      Who will support me even now if I sincerely try?
      Even though I made a mistake what personal qualities do I still have that are worthwhile?
      What evidence do I have that I still have some personal control?
   B. How can I use the slip as a learning experience?
      What would I do differently?
5. New Way of thinking and feeling.
6. Plan for my next step.
   Who do I contact and share?
   What do I do next to get back in recovery?

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Cognitive Behavioral Therapy – Challenging Beliefs Leading to Negative Feelings

Challenging Beliefs Leading to Negative Feelings

Situation: Describe the situation around the time you were feeling anxious, depressed, guilty, or angry.

Beliefs: What negative *beliefs* or *expectations* automatically went through your mind when you were in that situation?

Feelings: What painful feelings did these beliefs or expectations lead to?

Challenging the Beliefs or Expectations: Is there any evidence that those beliefs or expectations are not totally accurate? Describe the contrary evidence.

Coping with the situation: Even if the situation can't change, what evidence do you have that you could manage it? Based on your talents? Your past experience? Support persons? Resources?

New Prespective: What is a different way to now look at the situation?

Changed Feeling: How did your feelings change after you looked at the situation differently?

Cognitive Behavioral Therapy – Lists of Beliefs about Gambling and Reasons for Gambling

List of Beliefs about Gambling
And Reasons for Gambling

Check all that apply.

- ☐ I have a system that works
- ☐ I'm a lucky person
- ☐ I'm a positive thinker.
- ☐ Fate is on my side.
- ☐ I'm a more knowledgeable gambler than most.
- ☐ My system can beat the odds.
- ☐ I've won before.
- ☐ I'm at my lucky place.
- ☐ I deserve to win.
- ☐ Others can't keep up with me.
- ☐ The time is right.
- ☐ I have this special feeling.
- ☐ I can influence the outcome
- ☐ I am confident in myself.
- ☐ I have prayed.
- ☐ I have my lucky object.
- ☐ After so many losses, it's the time to win.
- ☐ I am very experienced.
- ☐ My luck has changed
- ☐ Today is lucky.
- ☐ Gambling will solve my problems.
- ☐ Gambling will make me feel better.

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Thought Records – A variation of emotion regulation training

CBT Thought Record

Situation
Where were you?
What were you doing?

Emotion or feeing
Rate strength 0–100%

Negative automatic thought
What thought or image went through your mind?

Evidence that supports the thought
What makes you believe the thought is true?

Evidence that does not support the thought
What makes you believe the thought is false?

Alternative thought
Weighing up the evidence for & against, what do you believe now?

Emotion or feeling
Rate strength 0–100%

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What is mindfulness?

- Mindfulness is an ancient eastern practice which is very relevant for our lives today. Mindfulness is a very simple concept. Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgmentally.
- Key: Intention and attention.

Automatic pilot

- Sometimes we can drive for miles like this without thinking, it is adaptive
- However, in this state we are more likely to have our buttons pressed (events around us, thoughts, feelings, can trigger old habits of negative thinking
- Conscientious mindfulness practice makes us more able to respond to situations and circumstances with choice, rather than repeating old patterns or habits

Fralich, T. (2013). Advanced mindfulness: Integrating mindfulness, meditation, & cutting-edge neuroscience in the treatment of anxiety, anger, & depression.

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Present reality

- Tendency to judge our experience as being “not quite right” which takes us away from being “fully present”
- We can regain freedom if we acknowledge the reality of our situation without being hooked into automatic tendencies to judge, fix, or want something different
- Old patterns of judgment are deeply ingrained
- Practicing mindfulness brings awareness that we are hooked, step back, and loosen from the old pattern.
- We learn that our first reaction is not constructive or healthy. Opportunity to make a healthy, intentional choice.
- Repetition of this helps create new, healthy patterns.

Fralich, T. (2013). Advanced mindfulness: Integrating mindfulness, meditation, & cutting-edge neuroscience in the treatment of anxiety, anger, & depression.

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Thoughts are not facts

- Thoughts have power to affect how we feel and act
- Often thoughts are triggered and run off automatically
- Through meditation we become aware, over and over again of the thoughts and images passing through the mind
- Being able to witness our thoughts with more mindfulness allows us to see that there may be other ways to think about situations
- We come to realize that all thoughts are only mental events and that thoughts are not facts
- This awareness strengthens us to realize no single thought, no first reaction has to dominate our experience for very long (i.e. urges/impulses are temporary)

Fralich, T. (2013). Advanced mindfulness: Integrating mindfulness, meditation, & cutting-edge neuroscience in the treatment of anxiety, anger, & depression.

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Core skills of mindfulness

- Clarifying, setting, and reaffirming intention
  - For an event, a quality, a relationship, etc.
  - Answering the question, “What am I practicing?”
- Cultivating a witnessing awareness
  - Developing meta-cognition: awareness of the state of your awareness
  - Practicing outer non-reactivity: witnessing your inner landscape without autopilot reactions
- Stabilizing attention
  - Strengthening the ability to hold your focus
  - Nurturing the harmony of intention and attention “What is it I want to remember in this moment?”

Fralich, T. (2013). Advanced mindfulness: Integrating mindfulness, meditation, & cutting-edge neuroscience in the treatment of anxiety, anger, & depression.

Core skills of mindfulness

- Strengthening Self-Regulation
  - Settling negative energies intentionally: shortening the time that difficult emotions keep you “hooked
  - Avoiding (or recovering from) emotional hijackings: bringing your whole brain back on line
- Practicing loving-kindness
  - Calming the inner critic and self-judgment
  - Practicing non-judgmental awareness leading to kindness and compassion for yourself and others

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Teaching mindfulness

* Sit in a relaxed position with back straight but not stiff, feet on floor, arms supported

* Soft meditative music helps- always practice in a quiet private place

* Use a calm, low, peaceful voice for instructions

* Read instructions slowly, pausing wherever you see three dots… to allow the client to notice and feel

* The ending is like the beginning, with steps reversed, but more brief

* Practice during every client session and practice on your own- notice the effects

Basic Practice – Follow the breath

1-Sit quietly…relax naturally without force…close eyes or pick one spot to focus on

2-Notice sounds around you…inside and outside the room or building…

3-Notice your body on the chair…feel the support…

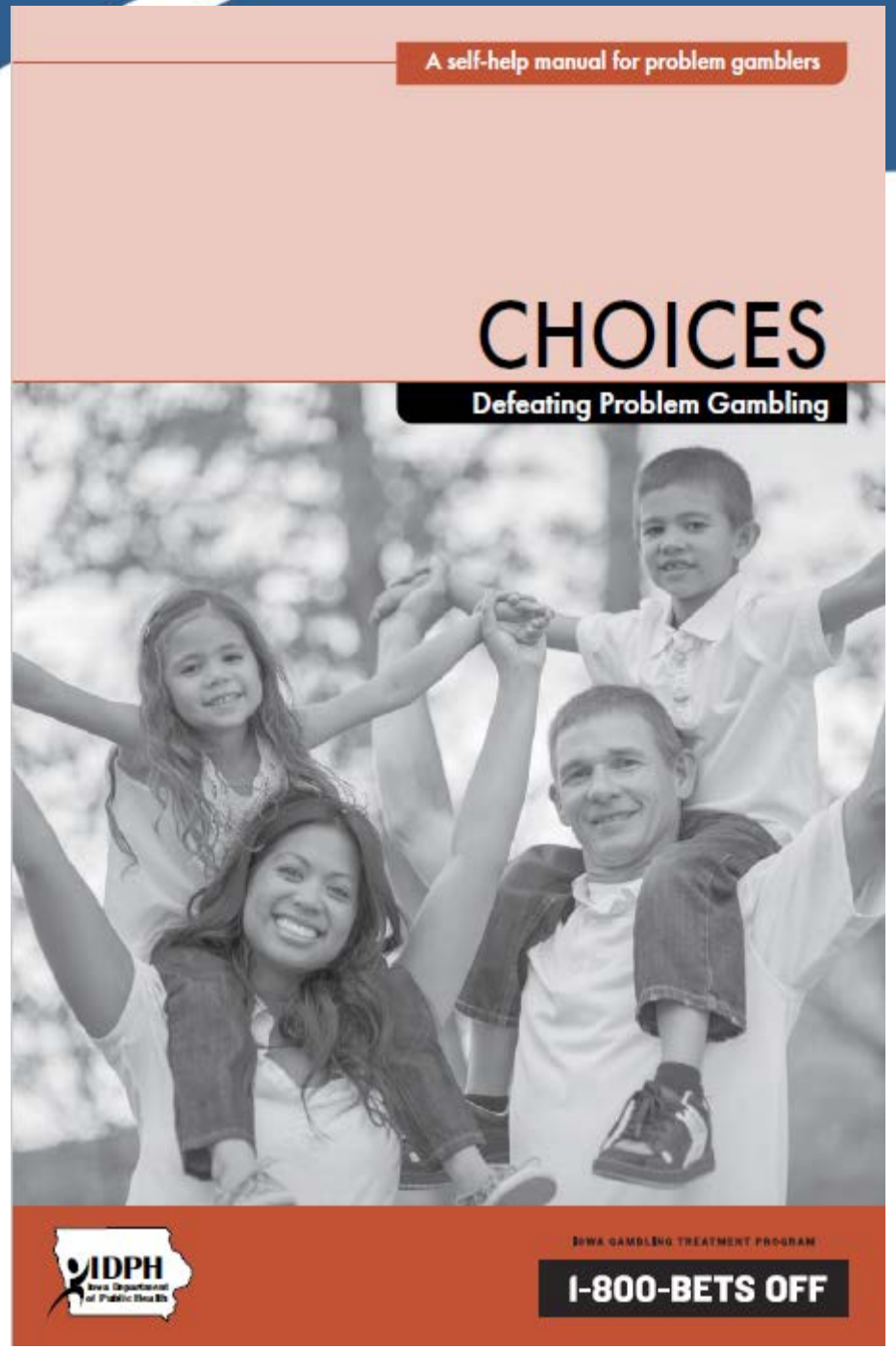
4-Now bring your attention to breathing…don’t try to change it…just notice breath coming in…going out…

Basic practice

5-Your mind will wander…it’s ok…part of the practice…when you notice, bring your attention back to the breath…breathing in and out…

6- Continue for a few more breaths…just noticing breathing…coming back to the breath when your mind wanders

7-Now notice your body on chair…sounds around you… open your eyes… notice the effects of your practice…share what you noticed when you are ready



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Choices – Brief treatment for problem gambling

- Cognitive behavioral intervention that is focused on a brief treatment for problem gambling.
- Is appropriate for use in telehealth delivery.
- Can be utilized as an assignment for the client to complete, although the evidence base is around a clinician administered workbook.
- Focus is on building self-efficacy, self-awareness, emotion regulation, and relapse prevention.

Questions?

CEU's!

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

Thank You!

Nicolas Foss, MS, IADC, BACC, ICGC-II

Associate Director of Treatment Services

Alcohol and Drug Dependency Services

nfoss@addsiowa.org

319-759-6708