

Seven Habits of Highly Effective Professionals Who Treat Adults with a Gambling Disorder

Ken C. Winters, Ph.D.

Director, Winters Consulting Group

&

**Adjunct Faculty, Dept. of Psychology,
University of Minnesota**

winte001@umn.edu

8th Annual Mississippi Addictions Conference

Jackson, MS

February 11, 2016

Resources

- ***Problem Gamblers and Their Finances: A Guide for Treatment Professionals* (2000). Washington DC: National Council on Problem Gambling.**
- ***Pathological Gambling: A Clinical Guide to Treatment* (Grant & Potenza, editors) (2004). Washington DC: American Psychiatric Association**
- ***Pathological Gambling: Etiology, Comorbidity, and Treatment* (Petry) (2005). Washington DC: American Psychological Association.**
- ***Wiley-Blackwell Handbook of Disordered Gambling* (Richard, Blaszczynski, & Nower, editors) (2014). Malden, MA: Wiley & Sons.**



Resources

National Council on Problem Gambling (NCPG)

www.ncpgambling.org

National Center for Responsible Gaming (NCRG)

www.ncrg.org

Mississippi Gaming Commission

www.msgamingcommission.com

Mississippi Council for Problem and Compulsive Gambling

www.msgambler.org



MCPCG

The Mississippi Council on
Problem and Compulsive Gambling

www.msgambler.org
Helpline (888) 777-9696

- **MCPCG is a non-profit corporation**
- **Provides several resources and services**
 - crisis intervention and referral
 - education and training for healthcare providers
 - increase public awareness
 - conduct research
 - develop prevention and education programs for adolescents

Definitions and Terminology

- **Gambling = wagering something of value, usually money, in a game or activity that involves chance.**
- **Common games**
 - Cards
 - Gambling machines
 - Other casino games
 - Lotteries
 - Bingo
 - Sports betting
 - Social betting
- **Gambling Disorder/Pathological Gambler = repeated and compulsive involvement in gambling that continues in the face of consequences**
- **Problem Gambler = broader group, including those with a GD and those with subclinical version**

History of Gambling in the U.S.

- U.S. has long history of allowing some forms of legal gambling.
- All 13 original colonies established lotteries to raise revenue. Playing the lottery was a civic responsibility.
- Casino gaming started slowly. Taverns and roadhouses would allow dice and card games.
- Lottery scandals led to gambling prohibition in the early 1800's.
- The Great Depression led to a much greater legalization of gambling, and expansion has continued since.
 - commercial casinos, lotteries and tribal casinos
- Internet gambling may mark a new era.

Commercial (Casino-style) Gambling Revenue by State, 2014

#1: Nevada (\$10.8bn)

#2: Pennsylvania

#3: New Jersey

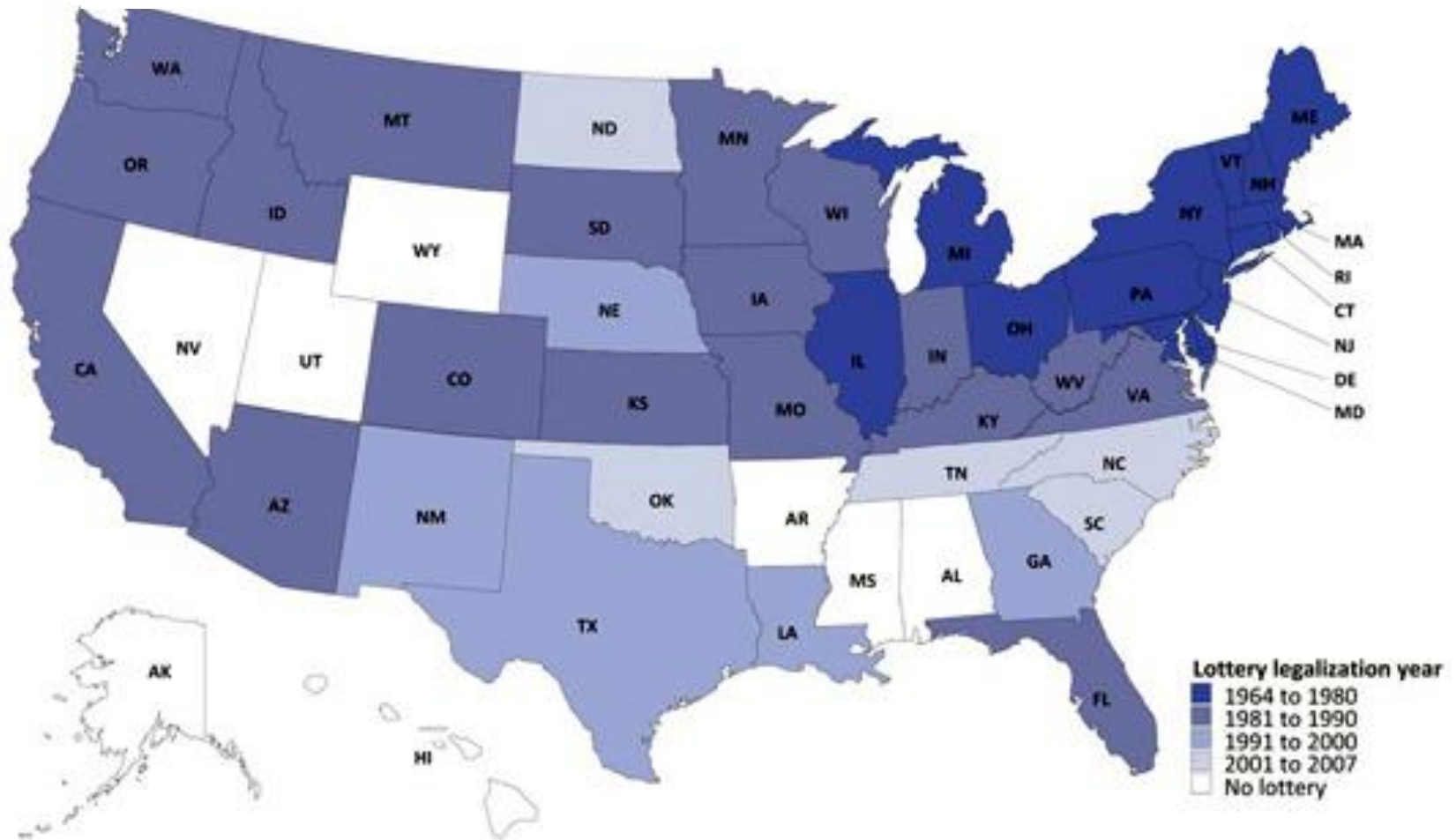
#4: Louisiana

#5: Indiana

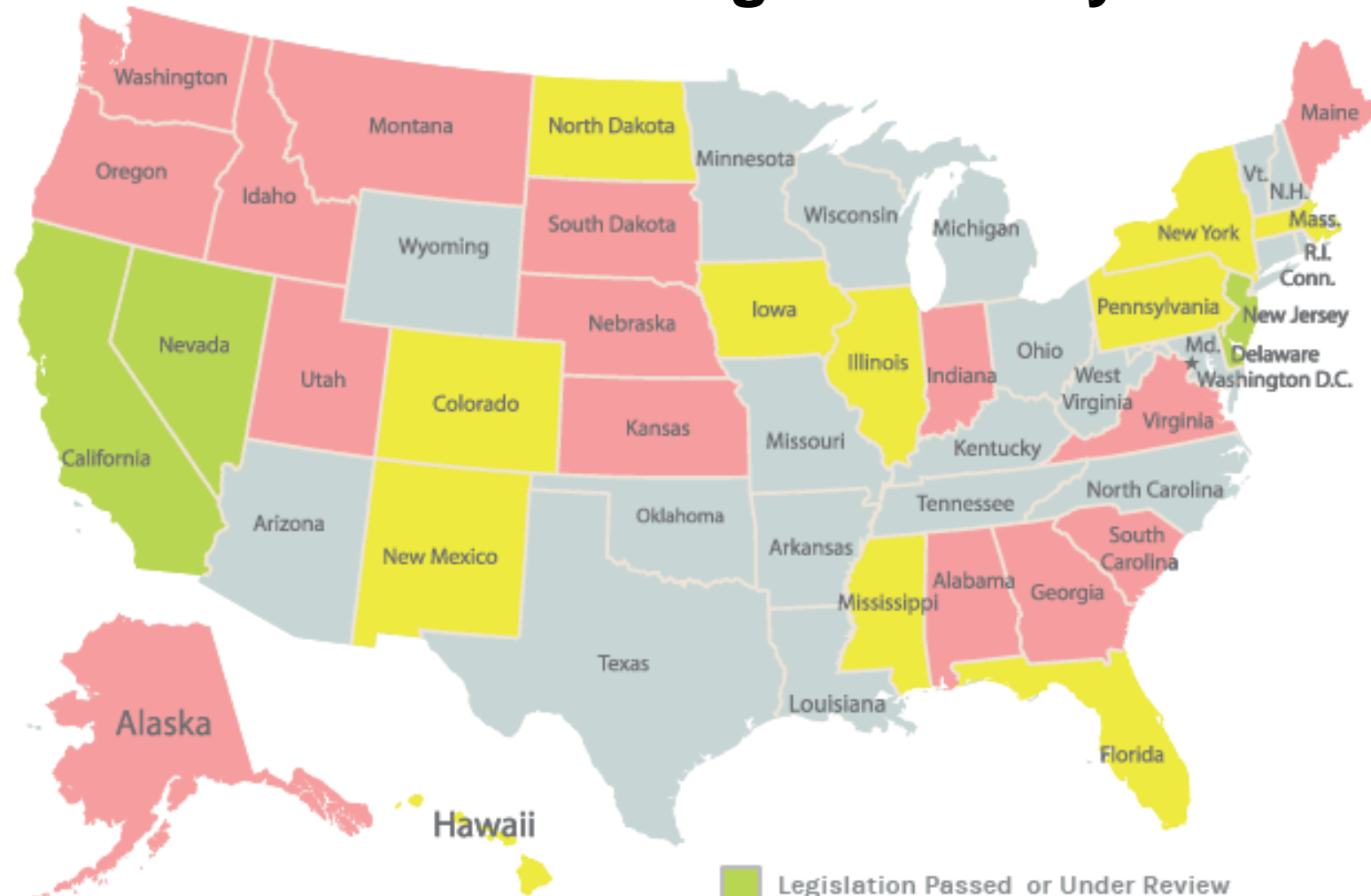
#6: Mississippi (\$2.3bn) (30 casinos)



United States Legal Lotteries by State

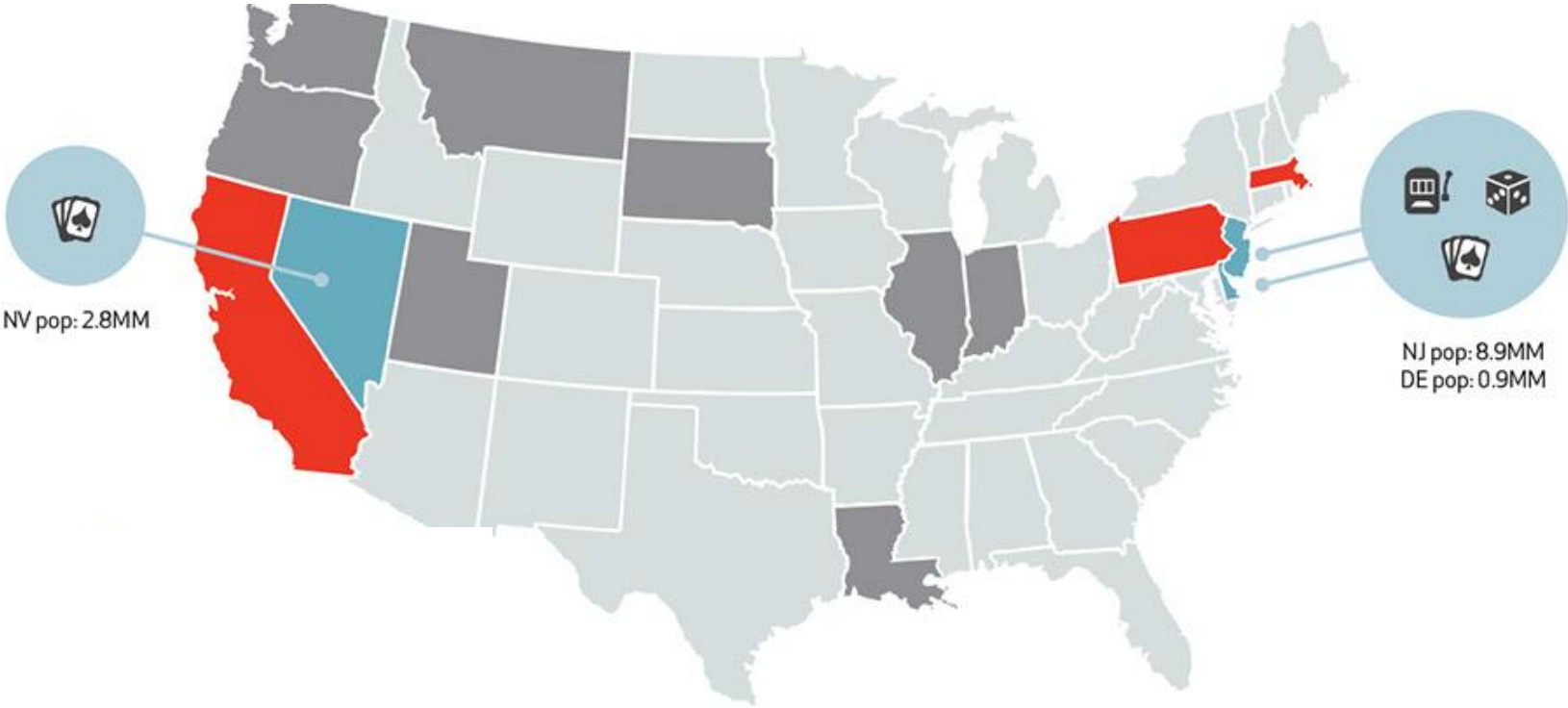


United States Legal Poker by State



- Legislation Passed or Under Review
- Interest in Passing Legislation
- No Substantial Talks
- Extremely Unlikely or Now Prohibited

United States Legal Internet Gambling by State



Regulated

Pending

Prohibited

Poker

Slots

Table Games

Sports Betting: 5 states

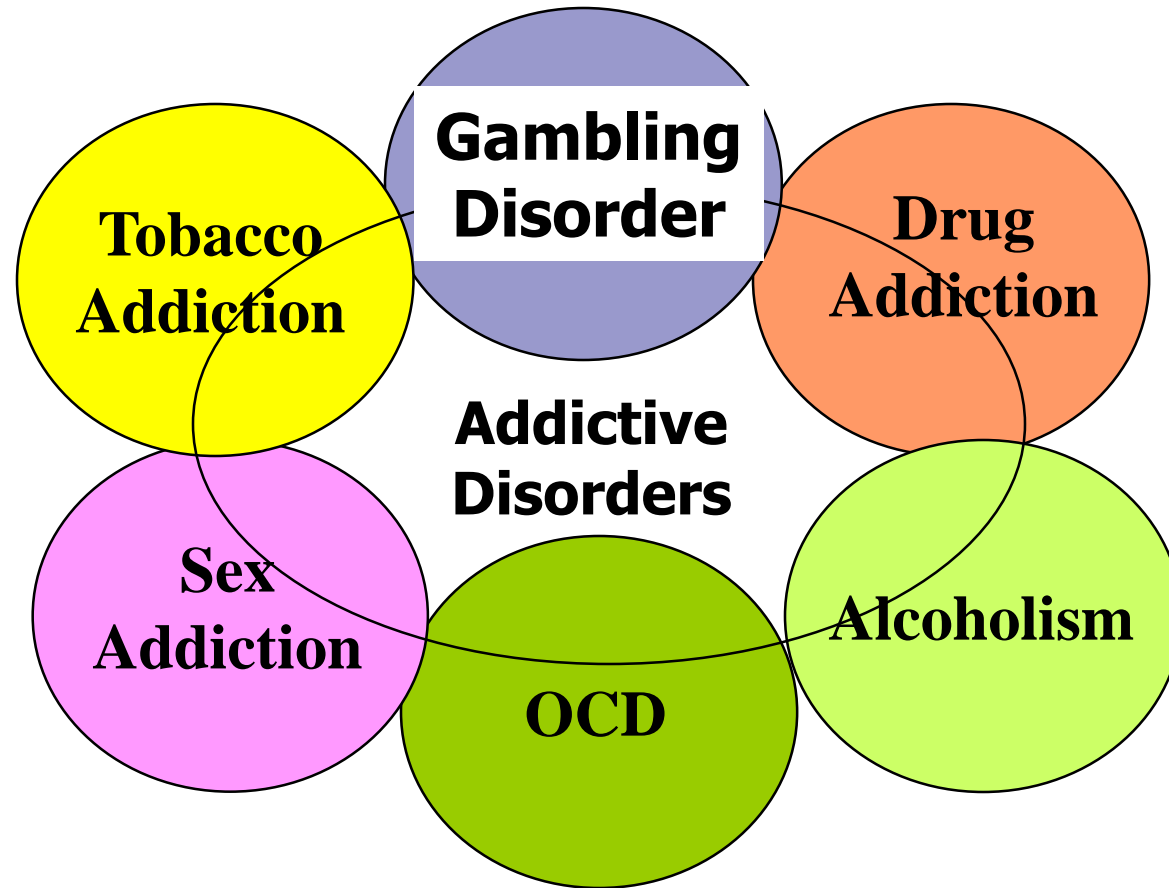
Fantasy Sports Betting: not allowed in 5 states



Seven Habits

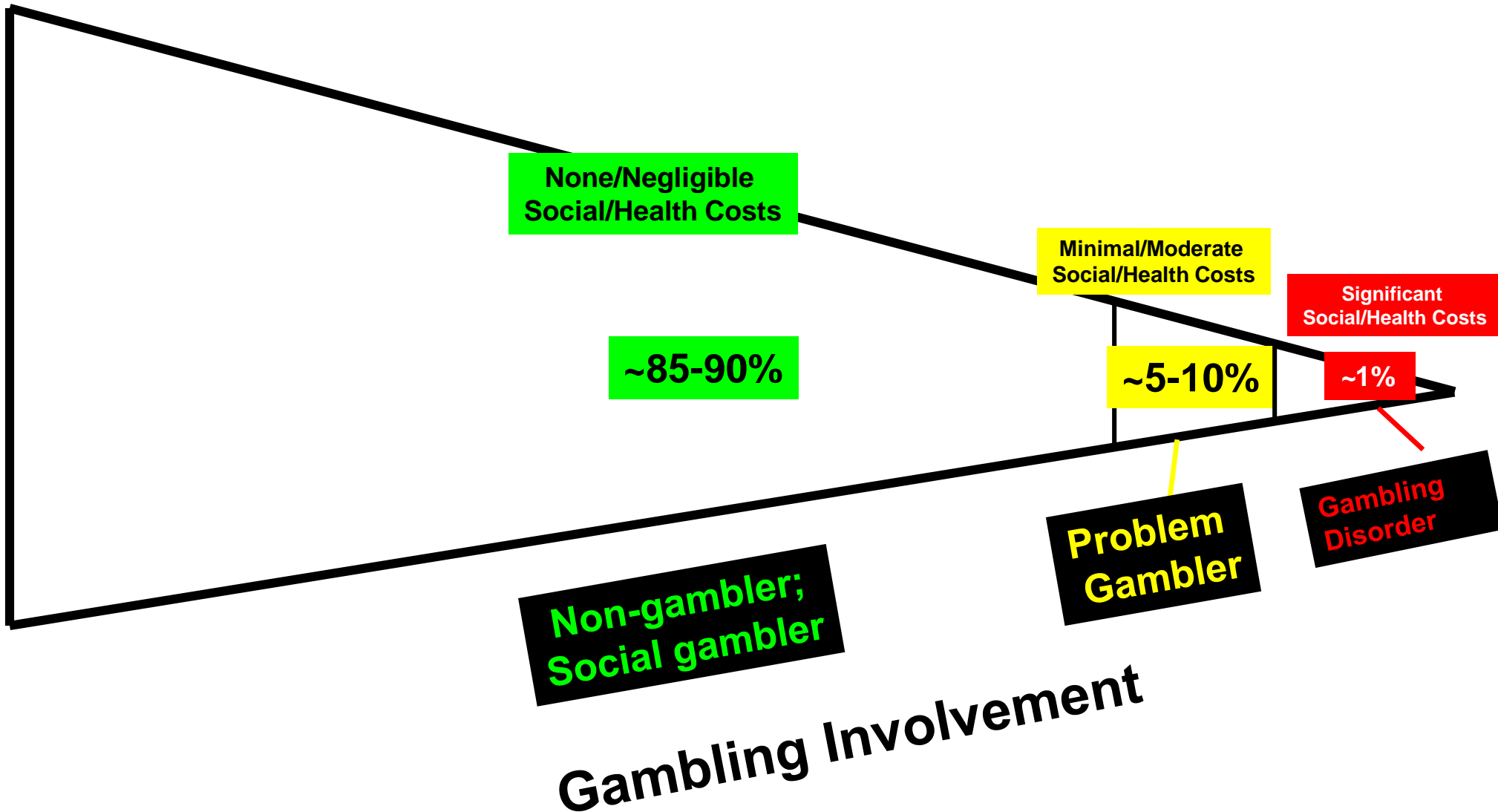
- 1. Knowledge of the clinical features of a gambling disorder**
2. Skill in screening and assessing the disorder and related symptoms
3. MI clinical skills
4. CBT clinical skills
5. Appreciate that PG often co-occurs with other disorders
6. Money and debt management skills
7. Skills when working with special populations

The Addictive Disorders Cluster



Gambling Severity and Costs

Adapted from Broadening the Base of Alcohol Treatment (IOM)






Source: Howard Shaffer, Ph.D., Harvard Medical School

Gambling Disorder

Frequencies for Diagnostic Variables ($N = 835$; adapted from Stinchfield et al., 2000)

DSM-5 Symptom	Total %	Males %	Females %
Preoccupation	87	84	92
Need to increase	68	64	75
Unsuccessful controlling	84	82	88
Restless cutting down	73	73	73
Escaping from problems	79	72	89
Chasing loses	84	82	86
Lying to conceal loses	87	84	92
Personal negative conseq.	89	84	97
Reliance on others	78	73	84



**Problem gambling has more to do
with how you gamble than what
games you play or where you do
it.**

Roseville mom charged with child neglect

By PAT PHEIFER
ppheifer@startribune.com

It was 7 degrees with a wind-chill of 5 below zero when a 4-year-old Roseville girl dressed in a thin T-shirt and socks was found running along a snow-bank outside an apartment building in late January, court documents said.

When the girl's mother was found, she initially told police she'd spent the night at a friend's house and asked another friend to baby-sit the girl and her 12-year-old brother. She later said she'd spent the night at Mystic Lake Casino and hadn't found anyone to watch the children, the documents said.

Angela M. Johnson, 35, of Roseville, has been charged in Ramsey County District Court with one count of child neglect, a gross misdemeanor.

According to the criminal complaint, which was made public Friday, a woman called police about the 4-year-old at 8:45 a.m. Jan. 25.

When officers arrived, the girl told them her hands and feet hurt, her mother had gone to their grandmother's house and her brother had left for school. She didn't know her last name, her brother's name or what school he attended, the complaint said.

Officers found the girl's apartment and learned her

name. She did not suffer frost-bite or other injuries, the documents said.

Johnson called police when she returned home about 10:30 a.m.

After telling one story, Johnson then admitted she'd spent the night at the casino and "had assumed her son would stay home [from school] until she arrived," the complaint said.

The Roseville case is the most recent of a string of cases in which children have been left to fend for themselves or have been found outside improperly dressed and without supervision.

Pat Pheifer • 651-298-1551

Seven Habits

1. Knowledge of the clinical features of a gambling disorder
2. **Skill in screening and assessing the disorder and related symptoms**
3. MI clinical skills
4. CBT clinical skills
5. Appreciate that PG often co-occurs with other disorders
6. Money and debt management skills
7. Skills when working with special populations



Warning Signs at Home

1. There are overdue or unpaid _____.
2. The spouse/SO finds an _____ in the number of active credit cards
3. The gambler is _____ about money.
4. The spouse/SO discovers _____ cell phone bills.
5. The bank reports frequent _____ _____.

Warning Signs at Work

1. The company discovers the individual using the _____ at work to gamble.
2. The individual is _____ _____ from co-workers.
3. The person is taking long _____ .
4. The individual asks for an _____ in pay.
5. He or she is organizing or taking excessive interest in office _____ .



Screen #1

Lie/Bet Screen

(Johnson et al., 1997)

2-question version of the DSM-IV criteria:

1. Have you ever had to lie to people important to you about how much you gambled?

2. Have you ever felt the need to bet more and more money?

Screen #2

Brief Biosocial Gambling Screen (BBGS)

(Gebauer, LaBrie, & Shaffer, 2010)

3-question screen of DSM-IV criteria:

During the past 12 months....

- 1. have you become restless, irritable or anxious when trying to cut down/stop on gambling?**
- 2. have you tried to keep your family or friends from knowing how much you gambled?**
- 3. 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?**

Screen #3

SOGS

(Lesieur & Blume, 1987; 1993)

- **Screening tool that has been used for epidemiological and clinical purposes**
- **SOGS has accumulated the most research**
- **In the Shaffer et al. (1997) meta analysis of 152 prevalence studies, over half used the SOGS**
- **20 scored items; several address sources of borrowing**
- **6-month or one-year time frame recommended**



Full Assessment **GAMTOMS**

(Stinchfield et al., 2000; 2008)

- **Gambling Treatment Admission Questionnaire**
- **Significant Other Intake Questionnaire**
- **Client Discharge Questionnaire**
- **Client Follow-up Questionnaire**
- **Significant Other Follow-up Questionnaire**
- **Gambling Treatment Services Questionnaire**

Assessing and Screening Strategy

- **First ask the client how often (if at all) they engage in common but specific forms of gambling.**

"Let's now turn to whether you gamble. Gambling involves playing games of chance, and includes plying the lottery, going to a casino, sports betting, and the like. Specifically....."

- ***How often in the past 12 months do you:***
 - ***Buy lottery tickets***
 - ***Play cards for money***
 - ***Play slot machines***
 - ***Bet on sports"***
- **If some gambling, then follow with the screening or assessment questions. More endorsements of problems typically occurs when this introductory context is provided.**

What is your next step if a positive screen?

- **If only a few “counselling” minutes...**
 - **Decisional Balance exercise (raise doubts; move toward action)**
- **If more time...**
 - **Decisional Balance exercise**
 - **CBT (address underlying distorted cognitions and how to deal with triggers and cravings)**

Seven Habits

1. Knowledge of the clinical features of a gambling disorder
2. Skill in screening and assessing the disorder and related symptoms
3. **MI clinical skills**
4. CBT clinical skills
5. Appreciate that PG often co-occurs with other disorders
6. Money and debt management skills
7. Skills when working with special populations



Keys to MI

1. Client centered approach

De-emphasis on labels

Emphasis on personal choice

Therapist focuses on eliciting the client's own concerns

Client central in setting goals

Keys to MI

2. Elicit “change talk”

“How would you like for things to be different?”

“How would you like your life to be 1 year from now?”

“What encourages you that you can change if you want to?”

“When else in your life have you made a significant change like this? How did you do it?”

“What has increased your confidence that you can stop gambling?”

“What personal strengths do you have that will help you succeed?”

“Who could offer you helpful support in making this change?”

“What methods do you know about that you would you be willing to try to change your gambling?”

“What are some disadvantages if your gambling stayed the same?”

Seven Habits

1. Knowledge of the clinical features of a gambling disorder
2. Skill in screening and assessing the disorder and related symptoms
3. MI clinical skills
4. **CBT clinical skills**
5. Appreciate that PG often co-occurs with other disorders
6. Money and debt management skills
7. Skills when working with special populations

Cognitive - Behavioral

1. Address underlying distorted cognitions

- **Illusion of control of random events; gambler's fallacy**

“I can beat games of chance”

“A win is around the corner”

“I can recover my debt by gambling more”

Cognitive - Behavioral

2. Establish specific, realistic goals

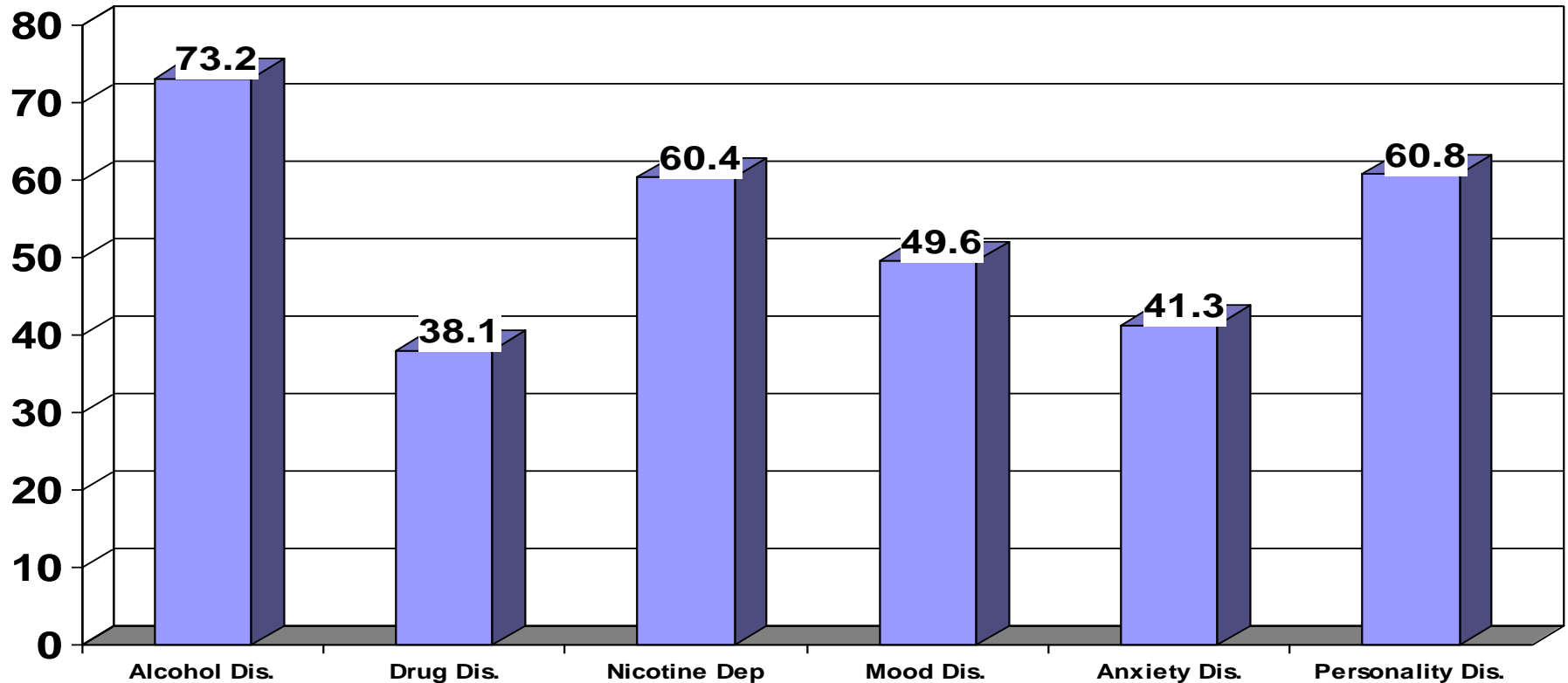
- Gambling involvement limits**
- Betting limits**
- Oversight/control of finances**

Seven Habits

1. Knowledge of the clinical features of a gambling disorder
2. Skill in screening and assessing the disorder and related symptoms
3. MI clinical skills
4. CBT clinical skills
5. **Appreciate that PG often co-occurs with other disorders**
6. Money and debt management skills
7. Skills when working with special populations

Lifetime Psychiatric Disorders Among Those with a Lifetime Pathological Gambling Disorder

(Petry et al., 2005)



Note: Data based on a nationally representative sample of U.S. households (N = 43, 093), age 18 and older, interviewed 2001- 2002. Lifetime prevalence of PG was 0.42%

Co-Existing Disorders

Increased Likelihood of Pathological Gambling when Other Disorders Present

Disorder	OR	95% CI	sig.
Major Depression	5.1	2.2 – 12.0	<.001
Any Anxiety Disorder	3.9	1.8 – 8.8	<.001
Any Impulse Disorder	4.0	1.7 – 9.1	<.001
Any Substance Use Disorder	7.2	1.6 – 32.8	<.001
1+ Disorder	3.4	1.1 – 10.6	<.01
2+ Disorder	5.3	1.9 – 14.9	<.001

National Comorbidity Follow-Up Study; Kessler et al., 2008

PG and Other Disorders

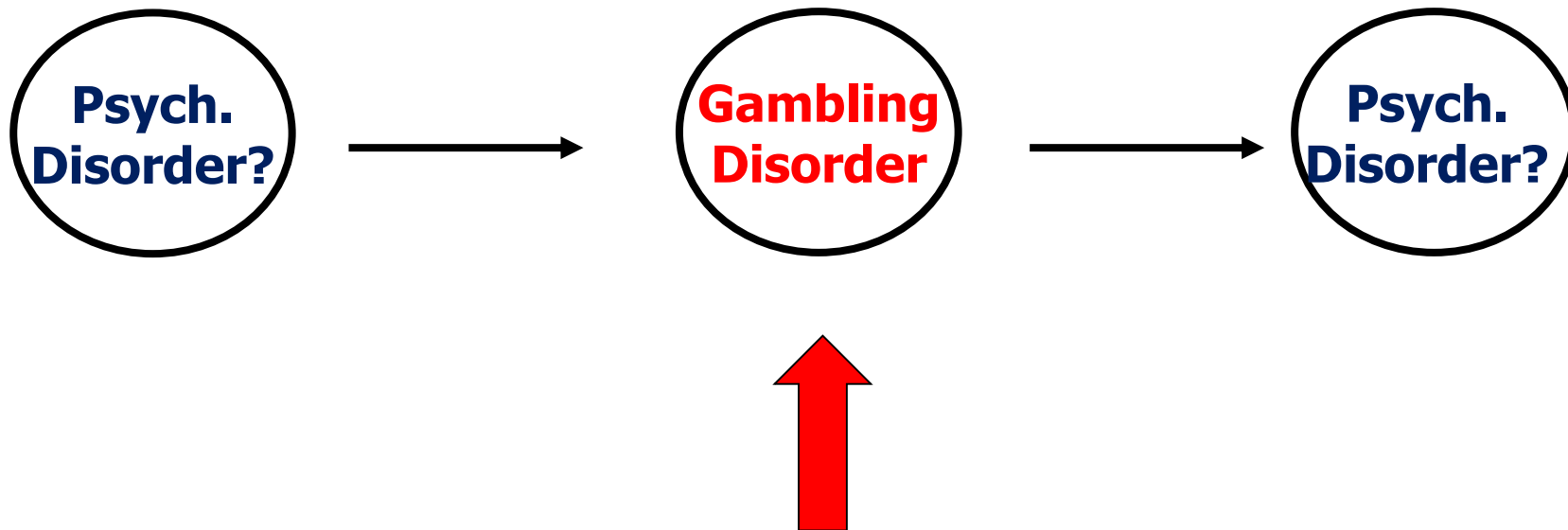
(Kessler et al., 2008)

Disorder	Prevalence of disorder among those w/PG	Temporal Sequence among those with PG and other disorders		
		PG first	Other disorder 1 st	Onset at same time
Any mood dis.	56%*	23%	65%	12%
Any anxiety dis.	60%*	13%	82%	4%
Any SUD	42%*	36%	57%	6%
Any impulse dis.	42%	0%	100%	0%

* Prevalence significantly greater among PGs compared to the rest of the sample ($p < .05$).

National Comorbidity Follow-Up Study

Assessment Challenge



Seven Habits

1. Knowledge of the clinical features of a gambling disorder
2. Skill in screening and assessing the disorder and related symptoms
3. MI clinical skills
4. CBT clinical skills
5. Appreciate that PG often co-occurs with other disorders
6. **Money and debt management skills**
7. Skills when working with special populations



Financial Strategies for the Client

- **Limiting access to money used to gamble**
- **Establishing spending plan**
- **Shifting control of finances to the nongambler**
- **Setting up repayment plan**
- **Avoiding bankruptcy**



Financial Strategies for the Client

- Limiting access to money used to gamble
- Establishing spending plan
- **Shifting control of finances to the nongambler**
- Setting up repayment plan
- Avoiding bankruptcy

Financial Strategies for the Client

■ Shifting control of finances

- Gambler agrees to live on a weekly cash budget
 - Develop a spending plan
 - Cutting expenses (sources of “poor spending”)
- Nongamblers pays the household bills
- Nongambler is only one with the new PIN on bank debit cards
- Nongambler: sign up for identity theft protection (e.g., LifeLock.com)
- Valuables stored in safe-deposit box
- Legal transfer of assets

Financial Strategies for the Client

■ Legal transfer of assets

- **Complications: future divorce/separation; no spouse; get legal advice**
- **Close joint accounts; reopen in name of nongambler**
- **Paychecks, pension, etc. automatically deposited in these new accounts**
- **Transfer ownership of home, cars**
 - **Can be extreme**
 - **Tax implications if not transferred to spouse**

Quiz

- If a nongambling spouse separates or divorces from the gambler, the spouse is not liable for the debts incurred by the gambler while they were married?

True _____

False _____

- Debts incurred by the gambler after divorce are solely the gambler's responsibility.

True _____

False _____

Quiz

■ Which debts are not erased with a Chapter 7 bankruptcy? (there are 4)

a. back federal taxes

b. back state taxes

c. alimony

d. child support

e. federal student educational loans

f. car loans

Seven Habits

1. Knowledge of the clinical features of a gambling disorder
2. Skill in screening and assessing the disorder and related symptoms
3. MI clinical skills
4. CBT clinical skills
5. Appreciate that PG often co-occurs with other disorders
6. Money and debt management skills
7. **Skills when working with special populations**



Special Populations – Older Adults

What to expect from the current baby boomers (1946-1964)

■ What futurists predict by 2025

- 79 million over age of age 82 – 100 years old**
- Relatively healthy due to medical advances and healthy lifestyles**
- They will be relatively wealthy, due to extended employment spans**
- They will be a large voting bloc, so politically powerful**

Consider.....

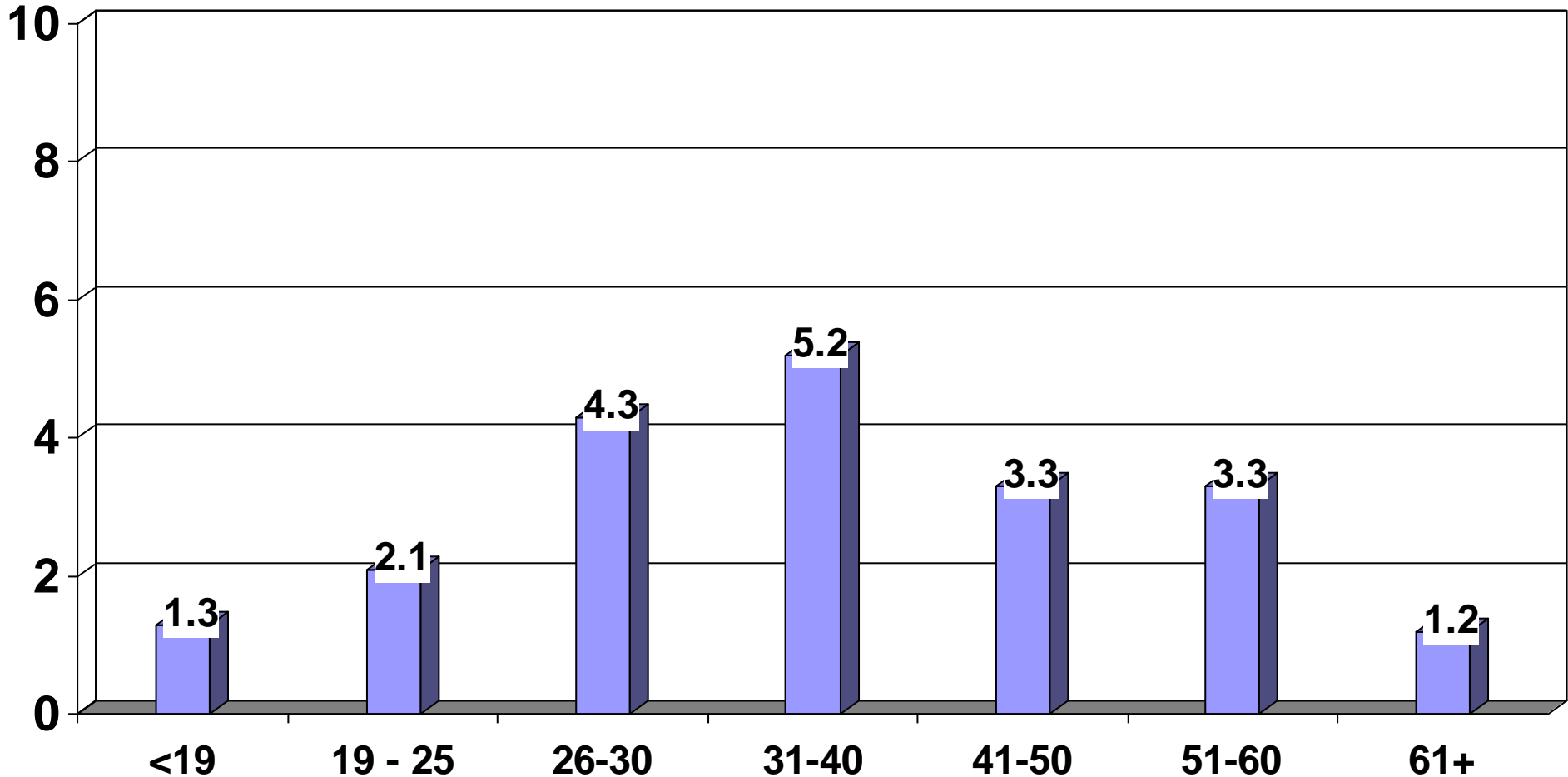
■ Aging may be a vulnerable period

- Research indicates that 70+ as likely as younger adults to make risky and speculative decisions – even when the potential return would not materialize for 10-20 years (Green et al., 1997)
- Other research suggests that cognitive changes associated with aging may for some contribute to more difficulty in resisting immediate reward in the face of high likelihood of a large loss in the future (Denburg et al., 2005)

Consider.....

- **Majority gamble responsibly**
- **Many view gambling venues and the games as an acceptable form of entertainment (primarily bingo parlors and casinos)**
 - **safe, sociable, friendly, can fill empty hours**
- **Take advantage of industry promotions**
 - **especially inexpensive meals**
- **Growing concern that gambling is a potential public health problem**

Problem Gambling by Age Group – National Survey (Welte et al., 2002, 2008)



Clinical signs

- Gambles when SS check arrives
- Declines family events/celebrations
- Neglects affordable repairs, paying bills
- Disinterested in old friends
- Secrecy as to extent of gambling trips
- May express how gambling is satisfying way to fill time
- Assets disappearing
- Unaccounted time away from home
- Moodiness, depression



Treatment Challenges

- For some, cognitive impairment
- Triggers and incentives may be strong (casinos as entertainment)
- Dealing with recent stressors (loss of spouse; medical condition)
- Psychiatric problem (e.g., depression)

Treatment Challenges

- **Families and personal autonomy**
 - **Families may hesitate to intervene**
 - **Deference to the person**
 - **Respect for privacy**
 - **Reluctance to take on responsibility**
 - **Fear of resentment if someone steps in**
 - **Ignorant of the problem**




What we may know about treatment

- < likely to turn to GA
- < likely to call helplines
- > likely to see PG as a financial problem -
will call consumer credit hotlines
- > likely to do well with individual CBT

Take Home Points

- **Learn and incorporate Motivational Interviewing and CBT**
- **Use at least one standardized tool when conducting your clinical screening and assessment**
- **Be knowledgeable about co-existing disorders**
- **Be skilled at these clinical approaches: motivational interviewing, CBT and 12-Step**
- **Financial counseling skills also a plus**



Thank You !

winte001 @umn.edu