

# Problem Gambling Regional Summit at San Jose

January 29, 2010

## Clinical Issues in Problem Gambling

**Suzanne Koch Eckenrode, MFT,**  
CCGCII, NCGCII, Consultant  
[ske.mft@cox.net](mailto:ske.mft@cox.net)

# Clinical Issues in Problem Gambling

- Assessment/ Diagnostic Tools
- Co-Occuring Disorders
- Reasons for Gambling
- Etiologies/Theories of PG
- Evidence-based Treatment for PG
- Treatment Elements
- Treatment Planning
- Case Studies
- Resources/ Referrals: GA, GamAnon, Gambling Certification Process, State Treatment Funds, Self-Exclusion

# Pathological Gambling:

## DSM-IV Diagnostic Criteria

1. Preoccupation with gambling
2. Increases amount of money gambled (tolerance)
3. Unsuccessfully tries to quit/control
4. Restless or irritable when trying to cut down/stop (withdrawal)
5. Gambles as an escape
6. "Chases" losses
7. Lies to others to conceal gambling
8. Has committed illegal acts
9. Has jeopardized relationships, job, education or career opportunity
10. Relies on others to bail him/her out

More than 5 = pathological gambler

3 to 4 = problem gambler

1 or 2 = "at risk" gambler

# 2-Question Gambling Screen

- The NODS is a quick and effective (95%) aid in identifying gambling problems. Answering “yes” to 1 or both questions suggests a problem deserving further assessment.
- 2-Question Screening Tool (lie/bet):
  - 1) Have you ever felt the need to bet more and more money?
  - 2) Have you ever had to lie to people important to you about how much you gamble?

# NODS

## (NORC Diagnostic Screen)

- A structured interview used to determine the prevalence of problem gambling in a population.
- 17 questions designed to reflect the DSM-IV criteria
- The NODS classifies respondents
  - non-gamblers,
  - low-risk (gamblers with no adverse effects),
  - at-risk (gamblers meeting 1 or 2 of the DSM criteria),
  - Problem (gamblers meeting 3 or 4 criteria), and
  - pathological (gamblers meeting 5 criteria).

# NODS (cont.)

- 9. Have you ever gambled to relieve uncomfortable feelings such as guilt, anxiety, helplessness, or depression?

YES

NO

- 10. Has there ever been a period when, if you lost money gambling one day, you would return another day to get even?

YES

NO

# NODS-CLIP

- Loss of Control: Have you ever tried to stop, cut down, or control your gambling?
- Lying: Have you ever lied to family members, friends or others about how much you gamble or how much money you lost on gambling?
- Preoccupation: Have there been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences, or planning out future gambling ventures or bets?

# South Oaks Gambling Screen (SOGS)

- This is seen as a reliable assessment tool.
- Focuses more on behaviors than stimuli or consequences.
- 2. What is the largest amount of money you have ever gambled with on any one day?
- 4. When you gamble, how often do you go back another day to win back money you have lost?
- 7. Did you ever gamble more than you intended?

5+ = probable pathological gambler  
Adult & adolescent versions

# Gamblers Anonymous 20 Questions

- Is a list of 20 questions created by Gamblers.
  - Most compulsive gamblers will answer affirmatively to at least 7 of the questions (12 may be more appropriate).
  - Asked in every GA meeting.
1. Did you ever lose time from work or school due to gambling?
  2. Has gambling ever made your home life unhappy?
  5. Did you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
  7. After losing did you feel you must return as soon as possible and win back your losses?
  9. Did you often gamble until your last dollar was gone?

# Co-Occurring Disorders

- Suicidal ideation (50-75% report gambling related s.i.)
- Suicide attempts (13-25%)
- Depression and/ anxiety (45-75%)
- Bipolar Disorder (12% – 18%)
- ADHD (20%)
- Personality Disorders – Cluster B and C
- Substance Abuse/Dependence
  - 50% of problem gamblers were found to also have drug or alcohol problems;
  - 33% of substance abusers may have gambling problem.
  - It is not unusual for people to be simultaneously addicted, or to switch from one addiction to another.

# Screening For Associated Disorders

- Beck Depression Inventory
- Mood Disorders Questionnaire
- Social Anxiety Scales
- ADHD Screening Instruments

# Action & Escape Gamblers (Aggressive & Passive)

- Compulsive gambling has been categorized into 2 types: action gambling & escape gambling.
- Action gamblers are addicted to the thrill of risk-taking & perceived skill. They typically engage in games involving competition and possibility of being a “winner” (poker, sports, horse racing).
- Usually started gambling at a young age & progress through the stages over a 10-30 year time span.
- During the desperation phase, action gamblers often begin to gamble for escape, medicating their pain.

# Action & Escape Gamblers

- Escape gamblers seek to blot out feelings or situational crisis. They prefer more singular outlets such as slot machines & video poker, where they can avoid human contact.
- Gambling usually becomes a problem later in life, often after 30. They typically experience a faster progression, often becoming problematic almost immediately, and hit bottom within 1 to 3 years.

# Reasons for Gambling

- For enjoyment
- To win money
- For action/excitement
- To be with or make new friends
- To relax
- To escape
- To cope with depression
- To cope with loneliness

# Etiologies of Pathological Gambling

## *Common Causal Pathways to PG*

- Traumatic Experience (75%)
- Family History of Mental Illness (20%)
- No History of Trauma or Mental Illness (>5%)

# Jacob's General Theory of Addiction (1986)

*Two main characteristics predispose persons to addictions:*

1. Abnormal arousal state
  2. Experience of trauma
- \* Criticized for not including reinforcement: addicted to things that make you "feel good" (positive reinforcement) or "feel better" (negative reinforcement).

# Pathways to Problem Gambling

## (Blaszczynski, 2000)

- Problem gamblers are not a unitary group but develop problematic patterns of gambling through different pathways, each with different treatment implications. Three subgroups are summarized:
- **Normal Problem Gambler**
  - No pre-morbid psychopathology
  - Develop gambling habit through social learning and contingency reinforcement (wins that reinforce the gambling behavior through classical and operant conditioning)
  - Symptoms such as preoccupation, chasing losses, depression, anxiety and substance abuse are consequences, not causes, of excessive gambling
  - More motivated to seek treatment and compliant, benefiting from counseling and minimal interventions

# Pathways to Problem Gambling

## ■ **Emotionally Vulnerable Gambler**

- Predisposing psychological vulnerability - high levels of pre-morbid depression, anxiety, substance dependence & deficits in ability to cope with stress
- Gambling motivated by a desire to modulate affective states and/or meet psychological needs
- Gambling provides emotional escape through dissociation, mood alteration & narrowed attention
- Tend to have avoidance or passive aggressive behaviors
- Require more extensive psychotherapeutic interventions such as stress management, problem solving skills, enhancing self-esteem & therapy to resolve intra-psychic conflicts

# Pathways to Problem Gambling

- **Biologically Based Impulsivity**
  - Defined by presence of neurological or neurochemical dysfunction reflecting impulsivity
  - Often have attention deficit disorder (ADHD) which complicates treatment
  - Inability to delay gratification and diminished response to negative reinforcement
  - Display a broad spectrum of behavioral problems which include substance abuse, low tolerance for boredom, sensation seeking, criminal behaviors and poor interpersonal relationships

# Evidence-Based Treatments for Pathological Gambling

- Self-help Workbooks with Guidance
- Helpline Counseling
- Cognitive Behavioral Therapy
- Medications (No FDA-Approved, naltrexone, anti-depressants)
- Psychotherapy (Treatment-as-Usual)
- Gambler's Anonymous
- Multimodal treatment shows substantial effectiveness
  - 81% of clients reported either no gambling or reduced gambling at 6-months post-treatment (Moore & Marotta, 2007)

# Basic Elements Of Treatment (Rena Nora)

1. Abstinence
2. Restitution
3. Individual/group therapy
4. Support Groups (GA)
5. Cognitive, Motivational/Behavioral approaches
6. Vocational/Educational

# Basic Elements Of Treatment (cont.)

7. Family

8. Leisure

9. Spirituality

10. Placement, social welfare

11. Financial, credit counseling

12. Relapse Prevention

# Gamblers Anonymous (GA)

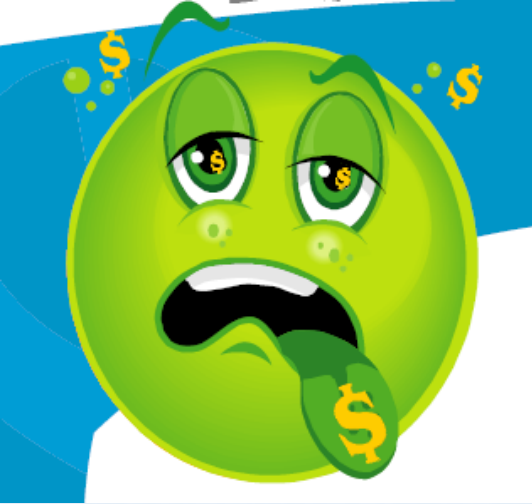
- GA is the most popular intervention. 1st GA meeting was held in LA in 1957. Currently about 2,000 meetings in U.S.
- Pressure Relief Group is conducted by other GA members who suggest approaches for dealing with finances and repayment.
- High Dropout Rate: 22.4% attended only 1 meeting, 15.5% attended only 2 meetings (Steward & Brown, 1988).
  - Those who stayed more likely to have realistic expectations of GA initially and have a spouse in GamAnon.
  - Those who dropped out more likely to endorse controlled gambling as goal, did not identify with the severity of problems as other members.
- Low Success Rate
  - Research suggests that combining GA with professional treatment may produce more positive outcomes

# Cognitive Behavioral Therapies

- Understand that the problem gamblers share irrational core beliefs about gambling risks, an illusion of control, and a belief that gambling is a solution to their financial problems (Gaboury and Ladouceur, 1989).
- Focused on counteracting underlying irrational beliefs and attitudes about gambling -- cognitive reconstruction.
- Understanding the concepts of randomness, erroneous beliefs, illusions of control and inaccurate perceptions.
- Most researched, presently most promising modality to treat PG.

# Refuting Irrational Beliefs

- **Self Deceptions Common to Gamblers**
  - Entrapment: gamblers regard the money spent as an investment vs. cost of playing
  - Illusion of Control: gamblers believe wins are produced by their own efforts rather than chance or external factors
  - Gambler's Fallacy: If something has not happened in a while, it is bound to happen
  - Near Miss Beliefs: "getting closer"
  - Chasing Beliefs: \$ not really lost, can win it back
  - Selective Recall: remember wins, not losses
  - Systems, Superstitions and Rituals: Sports bettors and lottery players also often develop intricate strategies for predicting winning teams or numbers



# Neurobiology/Pharmacology

- Neurobiology of pathological gambling is still poorly understood
- Mounting data suggest that multiple neurotransmitter systems are involved:
  - Serotonin (behavioral initiation/cessation)
  - Norepinephrine (arousal/excitement)
  - Opioid (pleasure/urges)
  - Dopamine (reward/reinforcement)
- Important to consider in treatment
- Success with naltrexone, anti-depressants

# Phases of Treatment

- Assessment & Limit Harm
- Stabilize & Instill Hope
- Provide educational information on gambling
- Coping with urges, limiting or stopping gambling & learning about triggers
- Problem-solving & communication skills, stress management, enhancing self-esteem & resolving intrapsychic conflicts
- Relationship issues; family counseling
- Relationship to money, money management & restitution (pressure-relief)
- Replace gambling with more satisfying activities, finding meaningful use of time, having fun & reconnecting
- Relapse prevention & maintenance

# A Chart of Compulsive Gambling and Recovery



# Barriers Against Money Triggers

- Money can be the primary cause of gambling relapses. Listed below are strategies for creating safety with your money.
  - Get money off your body. Only carry the amount of cash you will need for one day's expenses. If possible enlist a trusted person to help you with your cash.
  - Cut up your credit and debit cards, or give them to a friend or family member for safekeeping.
  - Deposit paychecks automatically into your bank account, or collect your wages with spouse, partner or trusted friend.
  - Create a spending plan and a restitution plan.

# Barriers Against Money Triggers

- Limit the amount of money you can withdraw in one day (talk with your bank).
- Ask family and friends not to lend you money (or invite you to gamble).
- Eliminate all other sources you might have for gambling money.
- If necessary, seek financial counseling.
- Seek counseling or read to discover what your family of origin, styles of spending and saving & other psychological issues with money are.

Adapted from Becoming a Winner: Defeating Problem Gambling, by David C. Hodgins.

# Assessment Issues

- Current crisis
- Suicidal ideation / attempt
- Depression / anxiety
- Traumatic event
- Significant loss/grief
- Domestic violence
- Child neglect

# Other Assessment Issues

- Reason seeking help at this time
- Previous treatment history
- History of present illness (last 12 months)
- Current gambling: Type(s), frequency & amount
- Gambling debt & financial issues
- Gambling history
- Other self-sabotaging behaviors
- Medical information
- Legal issues

# Case Study #1

- 39 yo Caucasian male
- Lives with his mother
- Recently separated from his wife of 4 years; 2 young children
- \$20,000 in debt. House is a short-sale.
- Bets sports through a bookie, gambled daily, up to \$5,000/day
- Likes the excitement/release, tries to win back loses, quit for a few months over his 15 year gambling history
- Been in recovery for alcohol and drugs with 7 years clean; has been drinking again lately

# Case Study #1

- Both parents alcoholics, quit drinking when he was 9 yo; “good” mother, “standoffish” father
- Molest
- Depression, poor sleep, remorse, worry about his wife moving on
- Enjoys the gym, sports and friends, but has not been active in recent years

# Case Study #1

- Questions?

# Case Study #1: Treatment Plan

- GA/AA 90/90
- Weekly therapy – address shame (current consequences, and past molest), assess for ADHD
- No alcohol or gambling
- Bring in wife next time if willing

# Case Study #2

- 54 yo Chinese Female
- Lives with husband, 2 kids
- Housewife, 1st-generation, English – poor
- Drives or buses to casinos
- > \$45,000 in debt
- Kids bring her to treatment

# Case Study #2

- At intake:
  - Accompanied by husband and kids
  - She doesn't say much
  - States her gambling is "done by everyone else"
  - Doesn't want to stop

# Case Study #2

- How do you break down the barriers?
- How do you get through denial?
- What do you say to the family?
- What cultural values need to be understood to
- proceed with therapy?

# Case Study #2: Treatment Plan

- GA: Chinese GA
- Individual Therapy
- No meds
- Family meeting for history and decrease enabling
- Alternative socializing plan needed

# Positive Elements of Treatment

- Answering my initial phone call for help
- Initial trust/concern coming from counselor
- Confidentiality
- Counselor gave me hope
- Not talking down to you
- Gender an issue
- Leaving the initial meeting relieved
- Understanding/willingness to work on debt
- Counselor showed knowledge of gambling problems  
(Ford, NCPG 2008)

# Certification Overview

- National Certification (NCPG)
- State Certification (CCPG)
- Requirements are separate but similar
  - Training: 30 hours gambling-specific
  - Supervision: minimum 5 sessions
  - Patient Hours: 100 hours
  - Pass certification Exam

# CPGTSP

## (California Problem Gambling Treatment Services Program)

- For Licensed therapists
- Application process
- Phase 1 training: 30 hours, throughout state
- 10 hours of annual supervision
- Must complete gambling CEUs
- Complete Patient Forms
- Reimbursement

# Self-Exclusion

- Self-Exclusion is a voluntary agreement where a guest agrees to be excluded from the casino and all games or gaming activities or privileges and to be prohibited from collecting any winnings or recovering any loses for a specified term.
- Terms of Self-Exclusion are as follows:
  - One Year, Five Years, Lifetime
- Levels of Self-Exclusion:
  - Venue, Financing, Marketing/Promotions

# Resources

- Gamblers Anonymous/ Gam Anon
  - Gamblers Anonymous (International)  
<http://www.gamblersanonymous.org/>
  - GamAnon (International)  
<http://www.gam-anon.org/>
  - Language specific GA available on website

# More Resources

- Counseling/ Treatment programs
  - Inpatient and outpatient
  - Certified counselors and programs:  
[http://www.calproblemgambling.org/help\\_counselors.html](http://www.calproblemgambling.org/help_counselors.html)
- CPGTSP, Self Help Manual, Self Exclusion Forms
  - Office of Problem Gambling
  - [www.adp.ca.gov/OPG/resources](http://www.adp.ca.gov/OPG/resources)
- Self Screening / Assessment
  - National Problem Gambling Awareness Website  
<http://www.npgaw.org>