

“Ideas for Treatment Improvement”

ADDICTION *Messenger*

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SERIES 21

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Problem Gambling - Part 3 Recovery and Resources

*“The safest way to double your money is to fold it over once
and put it in your pocket.”*

~ Kin Hubbard (1868 - 1930)

There is hope for recovery from gambling problems, but not all problem gamblers respond to the same types of help or treatment. Some respond well to traditional individual, family, or group counseling provided by problem gambling specialists. Other problem gamblers benefit most from twelve step-type interventions such as Gamblers Anonymous. Well planned treatment, carried out by well trained counselors, and self-help strategies work very well for most problem gamblers who are motivated to help themselves. Even those who have experienced very serious financial losses and destroyed long-standing family relationships, can regain control and begin to rebuild their lives.

Some problem gamblers, depending upon the nature and extent of their problems and their personal strengths and characteristics, must adopt total abstinence to recover successfully. Others, depending upon the same factors, are able to gain control over the extent of their gambling and continue to gamble on a recreational basis.

Natural Recovery

Recent studies have shown that some individuals, who can be classified as problem and or compulsive gamblers according to established standards, are able to recover on their own. Individuals in this particular group of problem gamblers eventually find or develop their own strategies, and either become totally abstinent or successfully moderate their gambling activities to non-problem levels. This finding suggests that at least for some, pathological gambling is not necessarily a malady characterized by a predictable progression to continually more serious problems (Abbott, Volberg, 1999; Abbott, Williams, Volberg, 1999; Marotta, 2001; Volberg, 1997). Although the phenomenon has been identified, the underlying factors that lead a pathological gambler to make and follow a decision to reduce or abstain from gambling for significant periods of time are not understood nor is it known if the non-problematic behavior will continue over long periods of time.

Treatment Revisited

Many problem gamblers, even if they are motivated to help themselves, cannot do it alone. The previous issue in this series discussed what appear to be the most effective treatments to date, and further research will help the field develop best practices. A few strategies which were not included in the previous issue are highlighted below:

Minimal Intervention

Minimal Intervention is a strategy developed by Dr. David Hodgins and is listed on SAMHSA’s Model Programs website (<http://modelprograms.samhsa.gov/>)

[print.cfm?pkProgramid=243](#)).

This intervention is currently in use in Oregon, where it is known as the Gambling Evaluation and Reduction (GEAR) Program. It may be appropriate for less severe problem gamblers, and basically consists of a self-help workbook, plus minimal counselor assessment and intervention via phone. The strategy is based on a cognitive-behavioral model of problem gambling, relapse prevention techniques, and results of studies on the recovery process of problem gamblers. The workbook describes five cognitive-behavioral strategies: (1) cognitive restructuring, dealing with urges using (2) cognitive or (3) behavioral coping, (4) stimulus control (staying away from cues to gambling and limiting access to money), and (5) eliciting social support (telling others of the plan). The workbook also includes sections on self-assessment, goal setting, maintenance, and a listing of additional resources. During the motivational enhancement interview, basic assessment information is obtained. In addition, the interviewer attempts to build a commitment to change by using the principles of motivational enhancement therapy. This workbook can be ordered from the University of Calgary: <http://www.addiction.ucalgary.ca/order.htm>.

Twelve Step Approaches

As with other disorders, there are 12-step type supports for problem and pathological gamblers and their family members in the form of Gambler's Anonymous and GamAnon. There are significantly fewer meetings available, however, than for other 12-step groups such as AA, so checking the websites below is advised:

Gambler's Anonymous

<http://www.gamblersanonymous.org/>

GamAnon

<http://www.gam-anon.org/gamanon/index.htm>

Self Help Tools

Some people are able to change their excessive behavior patterns without entering formal treatment. Harvard Medical School's Division on Addictions, Cambridge Health Alliance has created a series of self-change toolkits <http://www.basisonline.org/changetools.htm> which are designed to: help people gain information about addiction-related problems, evaluate their own addiction-related behavior, and help people develop change strategies, should they decide that change is the best course. Because people struggling with one addictive substance or behavior often struggle with another, these self-change toolkits are designed to complement each other and are structured so that they are easy to navigate. These self-administered online toolkits provide resources to help guide a person's journey to

change.

Treatment Resources in the NFATTC Region

At present, within NFATTC's region, there are two states with active problem gambling programs—Oregon and Washington. Both offer state subsidized treatment for problem gamblers and both are involved in providing training and technical support to counselors and agencies who are interested in treating problem gamblers. States which do not offer gambling treatment can direct clients to the National Problem Gambling Helpline, listed under "national" resources below.

Oregon

1. Oregon State Agency: Office of Mental Health and Addiction Services Problem Gambling Services <http://www.oregon.gov/DHS/addiction/gambling.shtml> (treatment system design and oversight, workforce development, policy development)
2. Oregon Problem Gambling Helpline (referral to free treatment) 1-877-2-STOP NOW
3. Oregon Gambling Counselor Certification <http://www.acco.com/pdf.html> (becoming a certified gambling counselor in Oregon)
4. Oregon Gambling Addiction Treatment Foundation <http://www.gamblingaddiction.org/> (gambling prevalence and other studies; advocacy)
5. Oregon Lottery <http://www.oregonlotteryhelp.org/index.html> (public awareness and media)

Washington

1. Washington State Agency: Health and Recovery Services Administration Problem Gambling Program <http://www1.dshs.wa.gov/dasa/services/OPPLR/ProblemGamblingPrgm.shtml> (planning, implementing and developing statewide treatment and prevention program; workforce development; policy development)
2. Washington Helpline (referral to free or minimal cost treatment) 1-800-547-6133
3. Washington State Council on Problem Gambling <http://www.wscpg.org/> (public awareness, education, training, advocacy and helpline services)

National

1. The National Council on Problem Gambling, Inc., <http://www.ncpgambling.org/> (national helpline and certification info)

NATIONWIDE HELPLINE: 1-800-522-4700

216 G Street NE, 2nd Floor Washington, D.C. 20002

Phone (202) 547-9204 Fax (202) 547-9206

E-mail: ncpg@ncpgambling.org

General Resources

1. Responsible Gambling Guidelines (see Box)

2. The Wager—free newsletter with the latest research on problem gambling <http://www.basisonline.org/wager/>

3. National Problem Gambling Conference: June 22-24, 2006 St. Paul, MN
<http://www.ncpgambling.org/events/view.asp?id=50037365>

Conclusion

Much more remains to be learned about problem gambling—its origins, best treatment methods, genetic and other predisposing factors, etc., and some of that research is underway. In the meantime, however, we are faced with

the knowledge that problem gambling is on the increase and that there is a growing need for counselors who are trained to help this particular population. We encourage those of you who are treating alcohol and drug clients to consider developing your knowledge and skills regarding problem gambling. Even if you do not go on to specialize in treating gamblers, you will be helping the estimated 30% of patients in your current workload to identify and deal with a problem that can be at least as significant as their other addictions.

Ten Rules of Responsible Gambling

1. If you choose to gamble, do so for entertainment purposes

- *If your gambling is no longer an enjoyable activity then ask yourself why are you still “playing”?*

2. Treat the money you lose as the cost of your entertainment

- *Treat any winnings as a bonus.*

3. Set a dollar limit and stick to it

- *Decide before you go not only what you can “afford” to lose, but how much you want to spend. Do not change your mind after losing.*

4. Set a time limit and stick to it

- *Decide how much of your time you want to allow for gambling. Leave when you reach the time limit whether you are winning or losing.*

5. Expect to lose

- *The odds are that you will lose. Accept loss as part of the game.*

6. Make it a private rule not to gamble on credit

- *Do not borrow to gamble.*

7. Create balance in your life

- *Gambling shouldn't interfere with or substitute for friends, family, work or other worthwhile activities.*

8. Avoid “chasing” lost money

- *Chances are the more you try to recoup your losses the larger your losses will be.*

9. Don't gamble as a way to cope with emotional or physical pain

- *Gambling for reasons other than entertainment can lead to problems.*

10. Become educated about the warning signs of problem gambling

- *The more you know the better choices you can make*

Next Issue:

“Treatment Planning”

Sources:

Moore, T., Jadlos, T. (2002). **The etiology of pathological gambling: a study to enhance understanding of causal pathways as a step towards improving prevention and treatment.** Wilsonville, OR: Oregon

Gambling Addiction Treatment Foundation. This report is available at www.gamblingaddiction.org.



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NAME _____

POST - TEST Series 21

1.
In which of the following populations is problem gambling most prevalent?
a. seniors
b. hispanics
c. college students
d. a and c
2.
There is general agreement that problem gambling is an addiction and should be treated accordingly.
True or False
3.
Treatments which have shown promise among problem gamblers include:
a. contingency management
b. aversion therapy
c. cognitive behavioral therapy
d. a and c
4.
Name two ways in which problem gambling is similar to substance use disorders:
1.
2.
5.
Name two ways in which problem gambling is different from substance use disorders:
1.
2.
6.
The best way to screen for problem gambling among addiction clients is by using the Lie/Bet instrument.
True or False
7.
Suicide rates among problem gamblers are higher than among addiction treatment clients.
True or False
8.
The financial problems of the gambler should not be discussed in counseling because counselors are not financial planners.
True or False
9.
What is the toll free national problem gambling helpline number? _____
10.
Which type of game seems to be most quickly addictive?
a. internet gambling
b. video poker
c. texas hold 'em
d. a and c

Mail or FAX your completed test to NFATTC

**Northwest Frontier ATTC, 810 D Street NE, Salem, OR 97301
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*You can still register for continuing education hours for Series 1 through 18.
Contact Mary Anne Bryan at (503) 373-1322 ext. 86001*

