

Jerry Bauerkemper

Executive Director

Nebraska Council on Compulsive Gambling

Moving Toward Best Practices: Reviewing the
Implications of the Latest Gambling Research and
Innovative Programming

Gambling an addiction?

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- USA - Out-of-control gambling -- a particular problem among regular slot machine players -- will be reclassified from a behavioral disorder to an addiction, as of 2013. For more than 30 years, doctors have considered pathological gambling a behavioral disorder, not an addiction. But that's about to change.

- In 2013, the psychiatric community will officially classify uncontrolled gamblers as addicts -- the first-ever "behavioral addiction." Pathological gambling will no longer be an impulse-control problem, like fire-starting and obsessive hair-plucking.

- Instead it will be grouped with "classic" addictions such as alcoholism, smoking and drug abuse in the next edition of the American Psychiatric Association's Diagnostic and Statistical Manual

- The rationale for this change is that the growing body of scientific literature, especially research on the brain's reward center, has revealed many commonalities between pathological gambling and substance-use disorders, including cravings and highs in response to the gambling, alcohol or drug; the hereditary nature of all of these disorders; and evidence that the same forms of treatment (e.g., 12-step programs, cognitive behavioral therapy) seem to be effective for both gambling and substance-use disorders.

Committing Illegal Acts diagnostic?

- One of the studies cited by the *DSM-V* Work Group, “Evaluation of the continuum of gambling problems using the *DSM-IV*,” examined the gambling data from the National Epidemiologic Survey on Alcohol and Related Conditions (commonly known as NESARC) (Strong, & Kahler, 2007). The authors found that the symptom, “Is preoccupied with gambling,” is most useful for identifying individuals with the lowest levels of gambling problem severity, **while the illegal acts symptom is most helpful only for identifying those with the highest levels of gambling problem severity.** Individuals who commit illegal acts as a result of their gambling already reach the threshold of five or more symptoms and, therefore, this symptom does not improve the precision of the diagnostic code for identifying most individuals with pathological gambling.

DSM-V discussion

- the workgroup is recommending lowering the diagnostic threshold by requiring that the patient has a minimum of 4 rather than a minimum of 5 of these gambling-related behaviors.

Pathological gambling Subtypes

Vachon DD, Bagby RM.

Department of Psychological Sciences, Purdue University, USA.

Psychol Assess. 2009 Dec;21(4):608-15

- In the current report, the authors used cluster analyses of personality traits with a non-treatment-seeking community sample of gamblers and **identified 3 PG subtypes**. Gamblers partitioned into a simple PG cluster, characterized by **low rates of comorbid psychopathology** and trait scores near the normative mean; a hedonic PG cluster, characterized by **moderate rates of comorbid psychopathology** and a proclivity for excitement seeking and positive affect; and a demoralized PG cluster, **characterized by high rates of comorbid psychopathology** and a propensity toward negative affect, low positive emotionality, and disinhibition. The findings provide preliminary support for an empirically based typology of gamblers, distinguishable in terms of personality structure, which may reflect different etiologies.

[The WAGER, Vol. 15\(5\) – The 2007 British Gambling Prevalence Survey: Considering Gambling Involvement](#)

2007 British Gambling Prevalence Survey (LaPlante, Nelson, LaBrie, & Shaffer, 2009)

- These findings are consistent with an emerging body of research that suggests gambling involvement is a better predictor of gambling problems than participation in a particular game (e.g., Welte et al., 2009).

2008 Canadian Medical Association

Do slot machines play mind games with gamblers?

- Though diverse in appearance, all slot machines, according to some mental health experts, have something in common: they are psychologically deceptive and make gambling addicts of people who aren't predisposed to addictions.
- “We've been treating these people like they're messed up, but it's the machines that are messing them up,” says Roger Horbay, a former addiction therapist who now runs Game Planit Interactive Corp., a company that advocates for consumer protection in the gambling industry.

Slot machines and the industry

Natasha Dow Schull / **Addiction by Design?**

- **GAMBLING INDUSTRY QUOTATIONS :**
- “It’s the slot machine that drives the industry today.”
- ~ *Frank Fahrenkopf, President of American Gaming Association*
- “*Gaming productivity refers to wagering action (or play) per patron per interval.*”
- Expediting refers to advancing and facilitating gaming action so that players can be more productive because their play is faster, extends for a longer interval, and involves more dollars placed at risk.”
- ~ *Industry consultant*
- “A gaming machine is a very fast, money-eating device.
- The play should take no longer than three and a half seconds.”
- ~ *Bally Technologies Representative*

- “In the industry’s view, the only valid reason for terminating play and leaving the machine is needing to go to the bathroom, a show starting, or your bankroll ends.”
- ~ *Machine designer*
- “The key is duration of play. I want to keep you there as long as humanly possible—that’s the whole trick.”
- ~ *Industry consultant*
- “
- Why force players to lean in? It’s not comfortable. We moved the players closer to the screen—just enough to keep their backs snug against the backs of their chairs
- (which was easy because our ‘no buttons’ touchscreen doesn’t put a barrier between
- the player and the screen). Now, because they can’t slouch in their seats, they don’t
- get tired as easily.”
- ~ *Brochure, “Don’t let Player Fatigue Cut Your Profits”*
- “Ergonomics makes the slot player more productive.”
- ~ *Panelist for “Building a Better Mousetrap: The Science of Ergonomics”*

- “Patrons who are physically and psychologically comfortable will occupy their seats for
- longer periods of time. This fact directly translates into increased revenue for the operation.”
- ~ *International Gaming Technology advertisement*
- “Math is what will make them stay.”
- ~ *Machine designer*
- “We give you a sense of winning while we continue to take your money”
- ~ *Machine designer*
- “The more you manage to tweak and customize your machines to fit the player,
- the more they play to extinction—it translates into a dramatic increase in revenue.”
- ~ *Sylvie Linard, Cyberview*
- “Our best customers are not interested in entertainment— they want to be totally absorbed, get into a rhythm” ~ *Machine designer*

Question?

- Do slots machines addict the client or is it something else?
- How does the industries' statements impact your thoughts on gambling?
- How does this knowledge impact your clients?

Pathological Gambling Among a Sample of Casino Patrons

- Of those surveyed on site, 54 (30.3%) were classified as non-problem gamblers, 52 (29.2%) were at-risk gamblers, 19 (10.7%) were problem gamblers, and 53 (29.8%) were pathological gamblers.
- Overall, more than 40% of casino patrons reported experiencing at least three serious gambling-related symptoms in their lifetime.
- Among the pathological gamblers, 61.8% reported that they gambled to make money.
- Self-identified smokers had a higher probability of being classified as problem or pathological gamblers than those who reported not smoking.
- Pathological gambling did not have a significantly higher association with alcohol use or with poorer self-rated health levels.
- A 2011 study from UCLA published in the *Journal of Gambling Studies*,

In 2009, the NCRG's Task Force on College Gambling Policies recommended that colleges and universities promote understanding of gambling disorders as a mental health issue and provide assessment and intervention resources to address gambling disorders among college students

- **Research shows that approximately 75 percent of college students gambled during the past year, whether legally or illegally.** Researchers from Montclair State University recently published a study about problem gambling awareness messages on college counseling center websites (CCW) to determine what types of information students received about gambling disorders and treatment (McKinley & Wright, 2011). This study further highlights the need for resources like CollegeGambling.org.

CANADIAN ADOLESCENT GAMBLING INVENTORY (CAGI) PHASE III FINAL REPORT

- **Phase III** of the project was launched to fine-tune the instrument through testing in clinical settings. The objectives were a) to assess the classification accuracy of the CAGI (sensitivity, specificity, positive and negative predictive values) for detecting problem gambling as confirmed by clinical assessment; and b) to compare the CAGI with existing instruments for youth problem gambling (convergent validity).
- Joël Tremblay, Ph.D, Randy Stinchfield, Ph.D, Jamie Wiebe, Ph.D, Harold Wynne, Ph.D
- <http://www.ccgr.ca/cagi.php>



Gambling and Incarceration among Substance Abusing Offenders

Georgia State University Department of Psychology

Jennifer Zorland, Ph.D., C.P.H.

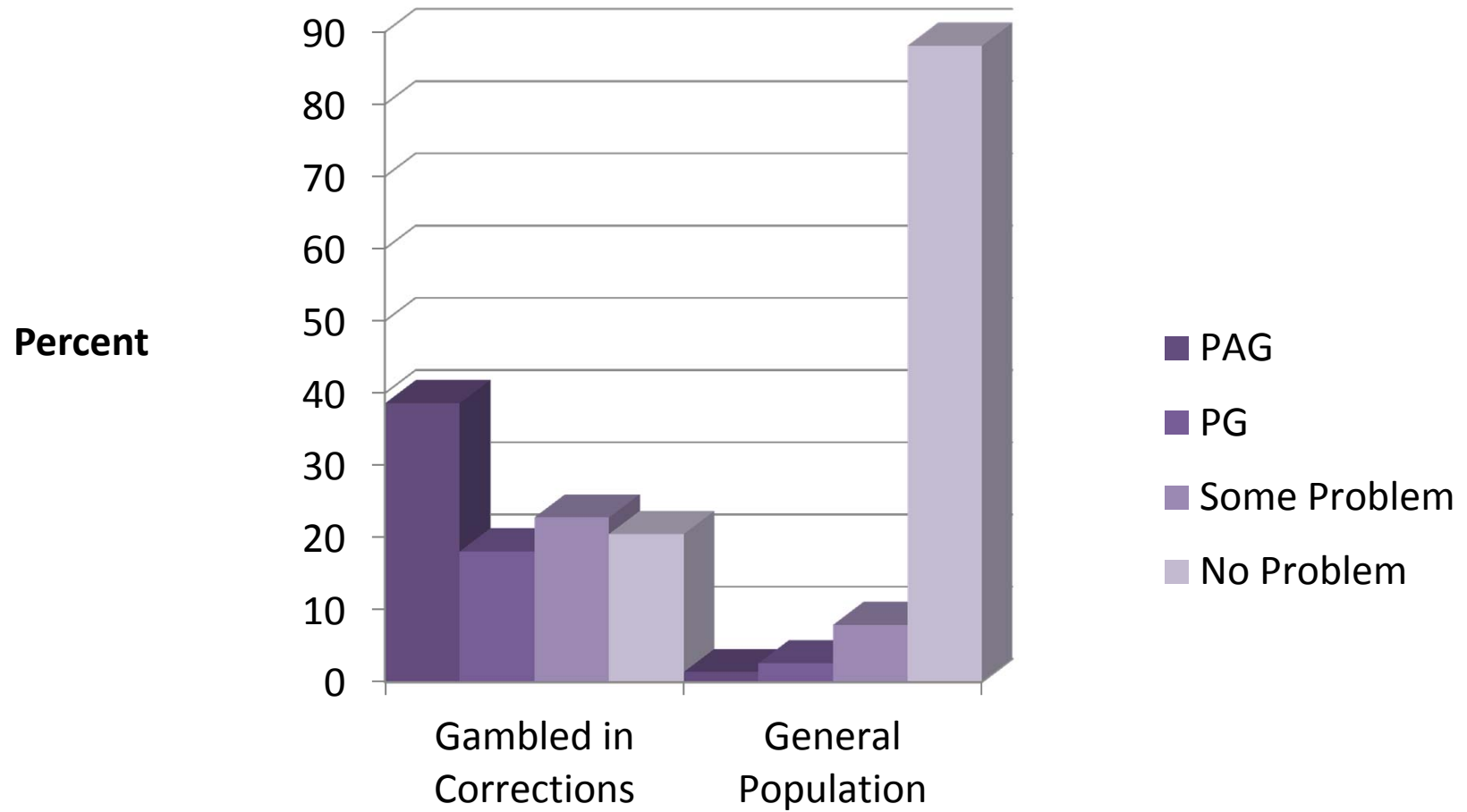
Ayana Perkins, M.A

Jim Emshoff, Ph.D.

Devin Gilmore, B.A.

Gabriel Kuperminc, Ph.D.

Lifetime Prevalence of PG



Problem, Pathological Gambling Rates High

Among Veterans Recent Northstar Posts

by Bill Stein

- A recent study of veterans receiving care through the Department of Veterans Affairs revealed that about 8% of U.S. veterans are problem gamblers and an additional 2% are pathological gamblers. The study, funded by the VA Health Services Research and Development, was presented by Joseph J. Westermeyer IV, MD, at the annual meeting of the American Psychiatric Association.

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.**

Is it a lifetime addiction?

- The *DSM-IV* describes pathological gambling as a “persistent and recurrent disorder,” a description that has been challenged by several studies. **For example, a review of five studies that followed 1,689 gamblers over the course of two to seven years found that while healthy gambling and non-gambling behavior appears to be relatively stable over time, individuals with gambling problems experience considerable movement in and out of more severe and less severe levels of gambling disorders (LaPlante, Nelson, LaBrie, & Shaffer, 2008).**

Question?

- Why don't gamblers seek help?
- What are triggers for gamblers seeking help?
- What are some strategies needed to improve rate of addicted gamblers seeking treatment?

[The WAGER, Vol. 16\(5\) – Lifetime patterns of gambling and alcohol prevalence](#)

patterns of gambling and alcohol use to determine prevalence trends across the lifespan Welte, Barnes, Tidwell, & Hoffman, 2011

- ...the results indicate that past year alcohol use and gambling peak around the same age, whereas frequent drinking and alcohol dependence peak at a younger age than disordered gambling. However, alcohol use tends to taper off more quickly with age than gambling. The prevalence patterns for alcohol and gambling suggest that people might be at risk for developing problems during adolescence and into early adulthood.

Internet addiction changes brain similar to cocaine

Jan. 11 issue of [PLoS One](#),

- The researchers found more patterns of "abnormal white matter" on brain scans of Internet addicts, compared with scans of non-addicts. White matter areas in the brain contain nerve fibers that transmit signals to other parts of the brain.
- These changes showed evidence of disrupting pathways related to emotions, decision-making, and self control.
- an estimated 5 to 10 percent of Internet users are unable to control their usage and are considered addicts

The WAGER, Vol. 16(11) – Slots and shots: Drinking patterns of pathological gamblers before, during, and after treatment

Rash et al., 2011

- **Results**
- **Particularly among risky drinkers, alcohol use decreased prior to treatment entry, but then escalated again post-treatment.**
- There were significant changes in at-risk status from the pretreatment period to the period following treatment entry. Fifty-five participants qualified as at-risk drinkers prior to treatment entry; 26 of those (47%) did not drink at risky levels after treatment entry. One hundred eight participants did not qualify as at-risk drinkers prior to treatment; however, 21 of those **(19%) exhibited at-risk drinking after treatment entry.**

WAGER 15(8) – And the List Goes On: More Similarities between Problem Gambling and Substance Use Disorders

similarities in decision-making deficits between people with problem gambling and people with alcohol dependence (Lawrence, Luty, Bogdan, Sahakian, & Clark, 2009).

- Problem Gamblers (PGs): a community sample (n=21) of male problem gamblers (≥ 3 on the [South Oaks Gambling Screen \[SOGS\]](#));
- Alcohol Dependent Individuals (ADs): male outpatients with alcohol dependence (n = 21);
- Healthy Controls (HCs): a community sample (n=21) of healthy male controls (≤ 2 on the SOGS).

- **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.

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.

- The NESARC found that people ages 30 to 44 suffered from alcohol abuse at 6 percent and alcohol dependence at 3.8 percent, for a total alcohol use disorder rate of 9.7 percent. When the rate of 9.7 percent is compared with the combined rate of problem and pathological gambling in the Welte et al. study, about 4.5 percent, we find that alcohol use disorders are about double gambling disorders.

Question?

- How can we use drinking/drug research to impact co-occurring gamblers to enter gambling counseling?
- What types of education do counselors need to intervene with this population?

The WAGER, Vol. 16(3) - Pleasure and Pain: The reinforcing role of dopamine and excitement level for pathological gambling

- a study that examined the association between dopamine release and feelings of excitement during gambling to explore the potentially reinforcing role of dopamine in pathological gamblers' maladaptive behavior in comparison to healthy controls (Linnet, Møller, Peterson, Gjedde, & Doudet, 2011).

The WAGER, Vol. 16(3) - Pleasure and Pain: The reinforcing role of dopamine and excitement level for pathological gambling

- This study found an association between dopamine release in the ventral striatum and increased excitement levels during a gambling task among some pathological gamblers. The authors suggest that dopamine release causes a “double deficit” for these PGs, such that dopamine both reinforces gambling (e.g., by increasing feelings of excitement) and promotes risky decision making.

Findings Offer New Clues Into the Addicted Brain

ScienceDaily (Oct. 30, 2011) Steven Kennerley, now at the University of London, and Timothy Behrens, at the University of Oxford in England

- **The results show that the orbitofrontal cortex regulates neural activity, depending on the value or "stakes" of a decision.** This part of the brain enables you to switch easily between making important decisions, such as what school to attend or which job to take, and making trivial decisions such as coffee versus tea or burrito versus pizza. However, in the case of addicts and people with damage to the orbitofrontal cortex, the neural activity does not change based on the gravity of the decision, presenting trouble when these individuals try to get their brains in gear to make sound choices, the findings suggest.
- As for the anterior cingulate cortex, the study found that when this part of the brain functions normally, we learn quickly whether a decision we made matched our expectations. If we eat food that makes us sick, we do not eat it again. **But in people with a malfunctioning anterior cingulate cortex, these signals are missing, and so they continue to make poor choices, Wallis said.**

Gambling and the memory

- Researchers conducted this experiment by having the study participants view videotapes of actors depicting a scene including a happy, sad or gambling scenario. Following the viewing, the participants described their emotional responses and rated their intensity of feeling. Individuals who were previously diagnosed with pathological gambling reported significantly more intense emotional responses and gambling urges when viewing the gambling scenarios than the control group. Consistent with the authors' hypothesis, the fMRI found activations in the brain regions involved with processing emotional memories correlated with the subjective reports of the participants.

Impulsivity linked to superstitions in pathological gamblers

News-Medical.net

Jun 29, 2011

- UNITED KINGDOM -- Research finds connection between impulsivity and superstitions in pathological gamblers.
- Research led by the University of Cambridge has found a link between impulsivity and flawed reasoning (such as believing in superstitious rituals and luck) in problem gamblers.
- Dr Luke Clark, from the University of Cambridge's Department of Experimental Psychiatry, said: "The link between impulsivity and gambling beliefs suggests to us that high impulsivity can predispose a range of more complex distortions - such as superstitions - that gamblers often experience. Our research helps fuse these two likely underlying causes of problem gambling, shedding light on why some people are prone to becoming pathological gamblers."
- The researchers, from the University of Cambridge and Imperial College London, compared 30 gamblers seeking treatment at the clinic with 30 non-gamblers from the general population.
- The researchers asked the participants a series of financial questions involving trade-offs between smaller amounts of money available immediately versus larger amounts of money in the future (e.g. would you prefer -20 today or -35 in two weeks?) to test impulsivity. The gamblers were significantly more likely to choose the immediate reward despite the fact that it was less money. (Psychologists define impulsivity as a preference for the immediate smaller rewards on this task.)
- Additionally, a questionnaire showed that gamblers were particularly impulsive during high or low moods, which are frequently cues that can trigger gambling sprees.
- **While aspects of the 'addictive personality' have been identified previously in studies of problem gambling, the novel finding in the British gamblers was that those gamblers with higher levels of impulsivity were also more susceptible to various errors in reasoning that occur during gambling, including an increase in superstitious rituals and blaming losses on such things as bad luck.**
- Like treatment-seeking gamblers elsewhere in the world; the group from the National Problem Gambling Clinic were predominantly male, and experienced a moderate rate of other mental health problems including depression and alcohol abuse.
-

**New Research Explores the Genetic Links Between Disordered Gambling
and Anxiety Disorders**

by: Institute Staff | May 10, 2011

- Finding suggests that while the co-occurrence of PG and both anxiety disorders is caused in part by genetic factors, the two anxiety disorders are influenced by different environmental factors.
- *Journal of Affective Disorders* (Giddens, Xian, Scherrer, Eisen, & Potenza, 2011)

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#ixzz1qWDIr0BL>

A psychological autopsy study of pathological gamblers who died by Suicide

- Along with unmanageable debt, a high proportion of the suicide cases with pathological gambling also experienced other psychiatric illnesses, most often depression, at the time of death. None sought treatment for their addictive behavior or psychiatric illness prior to death. Pathological gambling is a modifiable risk factor for suicide for which means to enhance case identification and engagement in treatment are urgently needed.
- Wong PW, Chan WS, Conwell Y, Conner KR, Yip PS. HKJC Centre for Suicide Research and Prevention, The University of Hong Kong, Pokfulam, Hong Kong. *J Affect Disord.* 2009 Apr 23

Gambling, disordered gambling and their association with major depression and substance use: a web-based cohort and twin-sibling study.

[Blanco C](#), [Myers J](#), [Kendler KS](#).

Department of Psychiatry, New York State Psychiatric Institute/Columbia University, NY, USA.

- [Psychol Med](#). 2012 Mar;42(3):497-508. Epub 2011 Aug 11.
- **Abstract**
- **BACKGROUND:**
- Relatively little is known about the environmental and genetic contributions to gambling frequency and disordered gambling (DG), the full continuum of gambling-related problems that includes pathological gambling (PG). Method A web-based sample (n=43 799 including both members of 609 twin and 303 sibling pairs) completed assessments of number of lifetime gambling episodes, DSM-IV criteria for PG, alcohol, nicotine and caffeine intake, and nicotine dependence (ND) and DSM-III-R criteria for lifetime major depression (MD). Twin modeling was performed using Mx.
- **RESULTS:**
- In the entire cohort, symptoms of DG indexed a single dimension of liability. Symptoms of DG were weakly related to caffeine intake and moderately related to MD, consumption of cigarettes and alcohol, and ND. In twin and sibling pairs, familial resemblance for number of times gambled resulted from both familial-environmental ($c^2=42\%$) and genetic factors ($a^2=32\%$). For symptoms of DG, resemblance resulted solely from genetic factors ($a^2=83\%$). Bivariate analyses indicated a low genetic correlation between symptoms of DG and MD ($r_a=+0.14$) whereas genetic correlations with DG symptoms were substantially higher with use of alcohol, caffeine and nicotine, and ND (ranging from +0.29 to +0.80). The results were invariant across genders.
- **CONCLUSIONS:**
- **Whereas gambling participation is determined by shared environmental and genetic factors, DG constitutes a single latent dimension that is largely genetically determined and more closely related to externalizing than internalizing behaviors. Because these findings are invariant across genders, they suggest that the etiological factors of DG are likely to be similar in men and women.**

PROBLEM GAMBLING IN PEOPLE PRESENTING TO A PUBLIC MENTAL HEALTH SERVICE FINAL REPORT Australia

Anthony de Castella, Pip Bolding, Adeline Lee, Sonja Cosic,

Professor Jayashri Kulkarni.

October 2011

- First, the results have important clinical significance for staff of Mental Health Services. **Based on the high prevalence rate detected, the inclusion of screening for gambling problems for both new and existing clients of Mental Health Services is warranted and should be incorporated as routine clinical practice.**
- Second, the linkage of people with comorbid mental health and gambling problems with specialist problem gambling services is required. Referrals, which are often currently on an *ad hoc basis*, *should be strengthened by the establishment of working protocols* between proximal Mental Health Services and Problem Gambling Services.
- **Third, the results of this study provide a strong rationale for investing in mental health services to better equip them to respond to the issue of problem gambling in its clients by establishing a permanent specialist problem gambling and mental health worker in each area mental health service in Victoria.**

Near misses reward gamblers brain

- 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.
- The study involved scanning the brains of 20 gamblers using magnetic resonance imaging scanner while they played a computerised slot machine.
- Participants' gambling habits ranged from regular, social gamblers to those with severe problem gambling.
- Dr Luke Clark of the University of Cambridge, who led the study, found that the parts of the brain involved in reward processing – the so-called dopamine centres – were more active in problem gamblers than in social gamblers.
- During the experiment, volunteers played a computerised slot machine with two spinning wheels of icons and won 50p when the two icons matched.
- An icon mismatch was a loss, but when the wheels stopped within one icon of a match, the outcome was considered a “near miss”.
- Dr Clark found that near misses activated the same brain pathways as wins, even though no reward was given, and that this reaction was stronger in those gamblers who had more symptoms of problem gambling.
- **The findings are published in the Journal of Neuroscience.**

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

- (Online Casino Advisory)- A study released on Monday 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 amygdalas, containing the brain's fear responses, are damaged were found to gamble even when the odds are against them, like problem gamblers.
- Using data acquired by comparing two women with damaged amygdalas to women with ordinary brain structure, researchers from the California Institute of Technology and the University College of London discovered that a healthy amygdala may lead a person to reject gambling, even in an instance such as risking \$5 to win \$20.
- "We already know that the amygdala is involved in processing fear, and it also appears to make us 'afraid' to risk losing money," said fellow scientist Ralph Adolphs.
- **Problem gambling has been frequently linked to an imbalance of brain chemicals, and now may also be related to proper functioning of the amygdala.**
-

Brain challenges for compulsive gamblers (2008)

- A new research study finds that gambling addicts do not learn from their mistakes. The finding suggests [that] differences in the prefrontal cortex of the brain may explain the development of impulsive or compulsive behavior that can lead to pathological gambling.
- They found that the pathological gamblers scored well in all tests except the card sorting. In this test, the patients had great difficulty in finding different ways to solve each problem in the test as they worked through them, whereas the healthy individuals got better with practice.

Brain challenges for compulsive gamblers (2008) Continued

- "Our findings show that in spite of normal intellectual, linguistic and visual-spatial abilities, the pathological gamblers could not learn from their mistakes to look for alternative solutions in the WCST," say the researchers.
- This suggests that there are differences in the part of the brain involved in this kind of problem solving, the prefrontal region. "These differences might provoke a sort of cognitive 'rigidity' that predisposes a person to the development of impulsive or compulsive behaviour, leading to pathological gambling."
Source: [Psych Central](#)

Sustained Release Bupropion versus Naltrexone in the Treatment of Pathological Gambling

- The aim of the study is to compare the effectiveness of sustained release (SR) bupropion versus naltrexone in the treatment of PG.

Conclusions: This preliminary study shows that bupropion SR may be effective as naltrexone in the treatment of pathological gambling.

- *Pinhas N. Dannon*^{1,2}. The 61st Annual Convention of the Society of Biological Psychiatry, Toronto, Canada, May 18th-20th, 2006

Can medications cause gambling?

- Recently, pathological gambling has been found to be a rare side effect of specific types of dopamine agonists, drugs used to treat the tremors and balance problems associated with Parkinson's disease. The dopamine boost from these drugs appears to overload receptors in the ventral striatum, causing an irresistible urge to gamble. The effect does not occur in everybody who takes dopamine agonists and it dissipates once the medication is discontinued. Source: [SFN](#)

Gambling addiction resembles brain problem: Poorer choices, more errors seen in chronic gamblers' mental tests (2005)

- Gambling addiction may have something in common with certain brain impairments. Both conditions can hinder decision-making and the ability to determine the consequences of actions, according to Franco Manes, M.D., and colleagues. They say it's possible that gambling addiction is associated with impairments in the brain's prefrontal cortex, affecting the ability of gamblers to consider future consequences before taking action. Those with a gambling addiction made "disadvantageous choices" on the decision-making task. The gamblers also made more impulse control errors on another task, say Manes and colleagues.
- The errors and poor choices are similar to those made by people with problems in the brain's prefrontal cortex, the researchers say. Source: [Web MD](#)

Question?

- What is important about the latest brain research?
- How does it affect the therapy you will be giving to clients?
- What do clients need to know about brain research?

Shhh! Keep it a Secret: The Role of Stigma and Culture as Barriers to Gambling Treatment

The WAGER, Vol. 17(1)

- Recent research suggests that a small minority of people who have gambling problems ever seek treatment for those problems (Slutske, 2006). One reason for failing to seek treatment might be the stigma attached to mental health problems, particularly problems with addiction. This week, The WAGER reviews a study that examined whether culture plays a role in the stigma attached to gambling problems and treatment (Dhillon, Horch, Hodgins, 2011).
- The results from this study indicate that East Asians might experience more stigmatization of problem gambling than Caucasians, particularly from other East Asians. **This suggests that culture might pose a significant barrier to treatment.** Future research needs to investigate the specific beliefs about gambling and mental health that underlie these cultural differences.

The WAGER, Vol. 16(4) – Winning? Perspectives on problem gambling

A study of beliefs about gambling addiction (Cunningham, Cordingley, Hodgins, & Toneatto, 2011).

- Most participants (56%) strongly agreed that gambling abuse should be categorized as an addiction similar to drug addiction, followed by 38% as a disease or illness, 32% as a habit, not a disease, and 17% as a wrongdoing.
- 53% of participants felt that (a) treatment was needed to fix a gambling problem, and 71% felt that (b) people needed to remain abstinent to completely fix their gambling problem.
 - Those who strongly agreed that gambling problems are a disease, a habit or an addiction were significantly more likely to believe treatment was necessary to fix gambling problems. The disease and addiction groups and those who viewed disordered gambling as a wrongdoing were significantly more likely to believe that abstinence was necessary.
 - **Those who strongly agreed that disordered gambling was a habit were significantly less likely to believe treatment was necessary.**

Op-Ed/Editorials - Gambling and the Law®: Compulsive Gambler Just Can't Win

- A federal judge in New Jersey has issued the most complete and comprehensive [judgment](#) ever about whether a compulsive gambler can sue a casino.
Arelia Margarita Taveras, a disbarred lawyer, sued most of the casinos in Atlantic City, as well as many of their owners and employees.

She alleged that “the Defendants facilitated Plaintiff’s gambling addiction and induced her to gamble away money belonging to her and others . . .” She pleaded 12 separate causes of action, including negligence, negligent and intentional infliction of emotional distress, breach of contract, unjust enrichment, and violations of the federal racketeering statutes and the Bank Secrecy Act.

- **Judge Bumb concluded: “Needless to say, gambling can indeed be a safe activity, gambling is common, and state-regulated casinos are not inappropriate locations for gambling.”**

Gambling Disorders 360°

Feelings and Situations that Precede Gambling Relapse

by: Institute Staff | Apr 14, 2011

- Why do so many people relapse when they are trying to stop gambling? It has been estimated that 50 to 75 percent of gamblers resume gambling after attempting to quit (N. M. Petry et al., 2006), but what are the thoughts, feelings and situations that precede these events? Researchers who study alcohol and drug abuse — disorders with similarly high rates of relapse — have developed a questionnaire designed to answer these questions for their audiences. A recent study published in the journal *Experimental and Clinical Psychopharmacology* attempts to validate this same type of questionnaire for people with gambling disorders (Nancy M Petry, Rash, & Blanco, 2010). The new study attempts to extend and validate Petry’s previous work adapting the Inventory of Drinking Situations for gambling situations (called the Inventory of Gambling Situations, IGS).
- **The researchers gave the IGS to 283 people seeking treatment for alcohol and drug abuse who were also identified as problem or pathological gamblers. The IGS asked respondents how likely they were to gamble, on a 1 to 4 scale, in response to each of 47 different situations. The situations described the following types of scenarios:**
 - - **Emotional situations: “When other people treated me unfairly”**
 - - **Physical conditions: “When I would have trouble sleeping”**
 - - **Thought cues: “When I would start thinking about all the money I owe”**
- The researchers used statistical analysis to group similar questions together and to find out how much of the variance in gambling behavior was explained by each group of questions. The first group contained questions about negative emotions (e.g. “When I felt tense or nervous”) and explained 24.6 percent of the variation. The second group contained questions about positive emotions (e.g. “When I would be relaxed and wanted to have a good time”) and explained 15.2 percent of the variance in gambling behavior. The third group contained questions about gambling cues (e.g. “When I would see an advertisement about gambling”), and explained 9.5 percent of the variance. The final group contained questions about social situations (e.g. “When I was with friends and they were gambling”), and explained 8.3 percent of the variance.
- All together, the IGS accounted for 57.6 percent of the variance in gambling behaviors found in the sample. This kind of information can be used by therapists to help clients identify what feelings and situations can lead to relapse. It is also possible that gamblers who are having problems, but have not yet progressed to a clinical gambling disorder, may be able to avoid more serious gambling problems by being aware of the feelings and situations that can trigger gambling behavior.
- **More information about the article is available on the website of the journal [*Experimental and Clinical Psychopharmacology*](#).**

Internet Addiction Scale (IAS)

- 31 questions
- Encompasses all types of internet usage
- First step in assessing internet consequences
- Can be adapted

Nancy M Petry, Rash, & Blanco, 2010). The new study attempts to extend and validate Petry's previous work adapting the Inventory of Drinking Situations for gambling situations (called the Inventory of Gambling Situations, IGS).

- The IGS asked respondents how likely they were to gamble, on a 1 to 4 scale, in response to each of 47 different situations. The situations described the following types of scenarios:
 - - Emotional situations: “When other people treated me unfairly”
 - - Physical conditions: “When I would have trouble sleeping”
 - - Thought cues: “When I would start thinking about all the money I owe”

Petry, N. M., Ammerman, Y., Bohl, J., Doersch, A., Gay, H., Kadden, R., Molina, C., et al. (2006). Cognitive-behavioral therapy for pathological gamblers. *Journal of Consulting and Clinical Psychology, 74*(3), 555-67. doi:2006-08433-015 [pii] 10.1037/0022-006X.74.3.555

- **All together, the IGS accounted for 57.6 percent of the variance in gambling behaviors found in the sample. This kind of information can be used by therapists to help clients identify what feelings and situations can lead to relapse.** It is also possible that gamblers who are having problems, but have not yet progressed to a clinical gambling disorder, may be able to avoid more serious gambling problems by being aware of the feelings and situations that can trigger gambling behavior.

The WAGER, Vol. 15(7) – Disordered Gambling Linked with Treatment for Parkinson Disease

Results

Compared to PD patients not taking a dopamine agonist, **PD patients prescribed a medication in this class were 2.7 times more likely to be diagnosed with an ICD and 2.8 times more likely to be diagnosed with disordered gambling** (see Table 1).

Overall, 17.1% of patients taking dopamine agonists were diagnosed with one or more ICDs, compared with 6.9% of patients on alternative treatment. The highest relative risk for patients on dopamine agonists was for binge-eating disorder: 5.6% of patients taking dopamine agonists were diagnosed with binge-eating disorder, compared to only 1.7% of patients on alternative treatment.

The four ICDs measured by this study occurred at similar frequencies among patients taking dopamine agonists, ranging from 4.4% for compulsive sexual behavior to 7.2% for compulsive buying.

Many patients had more than one disorder: of the 348 subjects on dopamine agonists that were diagnosed with an ICD, the average number of ICDs was 1.38.

On average, patients diagnosed with an ICD were younger, less likely to be married, more likely to smoke, and more likely to report a family history of alcohol abuse or gambling problems than patients not diagnosed with an ICD. There was no statistically significant association between ICD diagnosis and sex, race, or PD duration or severity.

[The WAGER, Vol. 16\(6\) – What is the worst gambling strategy? A study about preferred forms of gambling among pathological gamblers](#) Odlaug, Marsh, Kim, & Grant, 2011

- Based on the participants' reported preferred gambling type, the researchers assigned participants to one of three groups: *strategic gamblers* (e.g., those who prefer poker, blackjack, dog and horse racing, sports betting, and craps/dice games; N = 56); *nonstrategic gamblers* (e.g., those who prefer slot machines, pull tabs, bingo, and keno; N = 200); and, *both* (those who reported no preference; N = 184).
- nonstrategic gamblers reported no more relationship, financial or work-related problems than strategic gamblers.
- The nonstrategic gamblers were older than strategic gamblers when they started gambling (mean age 34.1 vs. 22.5) and when gambling became a problem (mean age 42.6 vs. 30.6). Nonstrategic gamblers were also less educated (60.4% with at least some college education vs. 79.6%) and more likely to be women (71.5% vs. 30%) than strategic gamblers. All differences are statistically significant at $p < .01$.
- **There were no differences between the groups in terms of PG symptoms severity and psychiatric comorbidity.**
-

Natural recovery and treatment-seeking in pathological gambling: results of two U.S. National studies

- **CONCLUSIONS:** Pathological gambling may not always follow a chronic and persisting course. A substantial portion of individuals with a history of pathological gambling eventually recover, most without formal treatment. The results of large epidemiological surveys of pathological gambling may eventually overturn the established wisdom about pathological gambling disorder.
- Slutske WS. *Am J Psychiatry*. 2006 Feb;163(2):297-302.

Treatments for PTSD and Pathological Gambling: What Do Patients Want?

- A consistent finding was that PTSD treatments were rated more highly than PG treatments, even among those with both disorders. Further, of the sixteen treatment types, the sample expressed numerous preferences for some over others. For example, among PG treatments, self-help was the highest-rated. Among PTSD treatments, psychotherapies were the highest-rated; and individual therapy was rated higher than group therapy. **For both PG and PTSD, medications were rated lower than other treatment types. Non-standard treatments (i.e., computerized treatment, books, coaching, family therapy, alternative therapies) were generally rated lower than other types.** Discussion includes implications for the design of treatments, as well as methodological limitations.
- Najavits LM.
Harvard Medical School, Treatment Innovations, 28 Westbourne Road, Newton Centre, MA, USA.
J Gambli Stud. 2010 Jun 2.

[The WAGER, Vol. 16\(2\) – Gambling frequency decline in 15 years](#)

results of a study that collected youth gambling rates every three years from 1992 to 2007 (Stinchfield, 2011).

- **This study does not support the claim that growth of commercial gambling opportunities leads to increased gambling in the population.** The results show that since the onset and expansion of commercial gambling in Minnesota, the frequency of occasional gambling declined rather than increased. The rate of frequent gamblers remained the same during these years. This implies the lack of causal link between commercial gambling and youth gambling. This study does not provide an explanation for the decline. However, the results are consistent with the “adaptation” concept suggested by the previous research on online gambling (LaPlante & Shaffer, 2007; Shaffer, LaBrie, & LaPlante, 2004). **Based on actual gambling data rather than self-report, these studies demonstrated a decline in gambling activity for the vast majority of gamblers after their first exposure to the gambling site.**

Number of Iowa problem gamblers remains low

- The reasons given for gambling also raised a concern for Vander Linden. “Of those who gamble, a significant number are doing so with the goal of winning money to pay bills. Including 17% of the women, and 8% of men,” according to Vander Linden. “Eleven percent gamble as a distraction to everyday problems. And 35% said it was important to win money when they gamble.”

Question?

- Why are numbers of gamblers seeking treatment in Nebraska and Iowa going down?
- What are some potential remedies to shrinking numbers?
- What can counselors do to increase numbers of gamblers seeking treatment?

The WAGER, Vol. 15(10) - Do birds of a feather really flock together?

A look at Pathological Gambling subgroups

one possible set of subgroups and some associated clinical idiosyncrasies (Alvarez-Moya et al., 2010)

- **This study identified four types of treatment seeking pathological gamblers** with differing features. Specifically, pathological gamblers are a heterogeneous group, but some PG treatment seekers might be more similar to each other than to other PG treatment seekers. Accounting for gambling subgroups could affect and improve treatment decisions. **Unfortunately, the Alvarez-Moya et al. methodology cannot establish whether these groups reflect aspects of PG or a variety of other disorders that overlap with PG.**

WAGER Vol. 15(6) – More or Less the Same: Variations on Brief Gambling Treatment

a report by Hodgins, Currie, Currie, and Fick (2009)

- **Similar to Hodgins et al.'s original study (2001), the results of this experiment highlight the efficacy of brief treatments with or without motivational therapy.** Though the follow-up findings from Hodgins original study found larger differences between MI and non-MI groups (Hodgins et al., 2004) than the current study, one consistent result across these three reports is a **steady decline of problem gambling, without much distinction between the types of treatment.** One possible explanation is that problem gamblers naturally regress from their addiction, regardless of treatment or treatment type. An important point to consider is that all participants in these studies received follow-up interviews to collect data; therefore, another possibility is that contact, whether motivational or not, was enough to affect gambling behavior.
- A noticeable similarity between the three studies is the self-selected nature of the participants. Only gamblers who expressed interest to reduce or quit their problem behavior were recruited as participants. For future studies, the inclusion of moderator and mediator variables, such as participant expectations and readiness to change, would help clarify the mechanisms through which these interventions are effecting change.

Strength of commitment language in motivational interviewing and gambling

- Contrary to expectation, commitment strength in the latter part of the MI was not a stronger predictor of gambling outcome. Expression of desire, ability, need, reasons, and readiness for change were not predictive of outcome. Ability and readiness were associated with commitment. This study has important implications for clinical monitoring of client treatment success and for improving the MI.
- Hodgins DC, Ching LE, McEwen J. *Psychol Addict Behav.* 2009 Mar;23(1):122-30.

[The WAGER, Vol. 15\(3\) – Problem gambling associations: Gambling motivations and perceptions of money-limiting strategies](#)

...a study that considers whether self-reported EGM playing motivations and perceptions of EGM money-limiting strategies might correlate with certain players experiencing gambling problems (Nower & Blaszczynski, 2010).

- **Nower and Blaszczynski (2010) found that participants classified as problem gamblers were more likely to report playing EGMs to earn income or to escape daily troubles than non-problem gamblers. In addition, this study reported that problem gamblers had less favorable impressions toward EGM money limiting strategies.** These characteristics might influence gambling more than interest in, or the characteristics, of a particular game. These findings are consistent with other research that has indicated gambling involvement is a better predictor of gambling problems than participation in a particular game (e.g., LaPlante et al., In press; Welte et al., 2009; Welte, Barnes, Wieczorek, Tidwell, & Parker, 2004).

Warm Turkey: Considering whether abstinence ought to be the goal of gambling treatment

Slutske, Piasecki, Blaszczynski, & Martin, 2010

- **Conclusion**
- **This study does not support the assumption that abstinence is required for PG recovery.** Only 10% of those who recovered from gambling-related problems did not gamble during the past year. However, the recovery group demonstrated substantial decreases in gambling involvement compared to non-recovery groups. As with any correlational study, this study does not conclude causality. Future controlled experiments or longitudinal studies are required to examine if abstinence or controlled gambling lead more effectively to PG recovery. However, **this study does suggest that allowing for the possibility of a controlled gambling, or “warm turkey”² goal within treatment might increase treatment engagement**

The Wager, Volume 8(7) - Problem Gambling and Intimate Partner Violence

- Mueleman et al.'s study sample consisted of women aged 19 to 65 who were admitted to the emergency department at the University Hospital of Nebraska Health System. **A woman whose partner was a problem gambler was 10.5 times more likely to be a victim of IPV** (Table 2). The likelihood of experiencing IPV was even greater (OR = 50.4) when the partner had both a gambling and a drinking problem.

The WAGER, Vol 2(40) - Treating Pathological Gambling with Eye Movement Desensitization/Reprocessing

- A recent study** tested whether EMDR was an effective treatment for decreasing gambling events among pathological gamblers. A gambling event was considered to be each separate gambling activity (i.e., buying a lottery ticket, a session of video poker). **Pathological gamblers were hypothesized to be viable candidates for EMDR treatment because of the potential existence of unresolved trauma-related anxiety which may drive pathological gambling behavior.** That is, pathological gambling may be a way for anxious individuals to cope with and try to control their anxiety.

The psychology of compulsive gambling Author:

Ablow, Dr. Keith Published Date: Jan 05, 2012

- Having treated many people for compulsive gambling, I have identified two psychological issues a significant percentage seem to share.
- First, gamblers often seem to come from homes where they couldn't predict whether the environment would be peaceful and happy, or filled with panic, despair or anger. They may have had alcoholic parents who were sometimes sober and loving, but sometimes drunk and punishing. They may have had parents who could be kind to one another and to them, but could also become verbally or physically abusive. They may have had siblings who struggled with illnesses—like severe diabetes or asthma—that meant that they sometimes seemed to be in perfect health, then needed to be rushed to emergency rooms.

The psychology of compulsive gambling Author:

Ablow, Dr. Keith Published Date: Jan 05, 2012

- Second, compulsive gamblers want to believe that they are “liked” or “loved” by the people, places (including gaming websites) or even the machines that are actually hurting them. As obvious as it may be to me, many of my patients have needed to admit that their bookies or blackjack dealers, along with the folks who park their cars and smile at them at the doors of casinos, don’t really like them at all, but are looking to take their money away. Often, admitting that this is the case requires admitting that they weren’t loved in a pure way during childhood—or, in some cases, ever, by anyone. If a father keeps telling his daughter how much he loves her, when he really intends to manipulate her and control her, that girl can actually believe she’s got “friends” bringing her drinks at slot machines.

Pathological Gambling

Treatment and Personality Factors

Helga Myrseth 2011

- The present research suggests that both
- pharmacological treatment and CBT are associated with improvement in the short term.
- Further, CBT alone and in combination with pharmacological treatment seem to be
- associated with long-term effects in a 6-months perspective.

Internet Gambling?

- What are realities of Internet gambling?
- What does research say about internet gambling?
- Should we be concerned?

The WAGER Vol. 12(4) - Addiction and Technology - Internet Gambling: Caught in the Web?

- These results indicate that in the US general population, the rate of Internet gambling is between 0.3% and 4%. The rate found for college students falls within that range, but the research suggests that internet gambling might be higher among lower income respondents (i.e., reduced-cost health care seekers: 6.9%-8.1%), and higher still among casino gamblers. Only the studies by Petry (2006), Petry & Mallaya (2004), and Ladd & Petry (2002) provided information about gambling problems. Both the Petry (2006) and Ladd & Petry (2003) studies found that people who reported Internet gambling were more likely to have gambling problems than others. **The Petry & Mallaya (2004) study found that disordered gamblers were more likely to report Internet gambling than others.**

Online Gambling, Casinos to 'Sweep' U.S. in 2012

- **the Justice Department reversed its previous stand on the 1961 Wire Act — saying that it applied to sports betting but not online gambling**
- He said that poker would likely generate \$12 billion a year in revenue for states and that the lotteries — already a \$60 billion to \$70 billion business — would continue to grow.
- According to a 2010 Morgan Stanley report, analysts said that allowing Internet gambling could bring in \$5 billion.
- I. Nelson Rose, Whittier Law School professor and expert on gaming law, called the Justice Department move a “major Christmas present for the Internet gambling community.”

'Third of gambling websites let children place online bets'

By Ian Drury

- **UNITED KINGDOM -- A third of gambling websites allow under-18s to bet, an official investigation has discovered.**
- Just over 33 per cent of online casinos and bookmakers had 'deficiencies' that could enable youngsters to gamble on the internet, the Gambling Commission found.
- Under the Gambling Act, which came into force in 2007, any company that holds a licence for online gaming in the UK must carry out stringent checks to prevent children playing highly-addictive games.
- **More than 33 per cent of online casinos and bookmakers had 'deficiencies' that could enable children to gamble, the Gambling Commission found.**

Study: problem gaming ten times more common online

- **PROBLEM GAMBLING** is ten times more common among those who gamble online than among those who only gamble offline, according to new research to be presented tomorrow at the British Psychological Society's Social Psychology Conference.
- *The Internet gambling: A secondary analysis of findings from the 2007 British Gambling Prevalence Survey research project led by Dr Mark Griffiths, professor of Gambling Studies at Nottingham Trent University, used data from the most recent British Gambling Prevalence Survey to show that the level of problem gambling among those who had used the internet to gamble - 5% of those surveyed - was ten times higher than among those who did not.*

Online gamblers likely to take bigger risks

November 27, 2011.

- **AUSTRALIA -- A study of online gamblers suggests that people who bet over the internet are more likely to take bigger risks while betting than other gamblers.**
- The survey, conducted by Southern Cross University, found that 80 per cent of people who gambled online were betting on racing and sports, with the remaining 20 per cent using casino game sites.
- Dr Sally Gainsbury headed up the study and says more and more people are betting on sports via mobile phone applications.
- "Research shows people look at their mobile first thing in the morning and last thing at night, take it to the bathroom with you," she said.
- "This is something that allows you to take a bet anytime the mood strikes."
- **More than half the people surveyed indicated they were spending more money due to the ease of making credit card payments over the internet.**

Internet Interventions

- Dr. John Cunningham stated that IBIs are well-suited for people with gambling disorders for a few reasons. First, 73 percent of people with gambling disorders have access to the Internet in their home and are able to access the IBI programs at any time of day. Second, participants like the privacy that IBIs provide, and individuals claim that they find it easier to write their experiences than to speak them.

Questions?

- Do internet gamblers seek treatment today?
- Are internet clients different from face to face gamblers when they enter treatment?
- What are potential impacts of legalization of online gambling in the United States?
- How can counselors reach online gamblers to intervene?
- Do we have any strategies?

Missouri Removes Bans on Gambling

- The Missouri Gaming Commission voted unanimously Wednesday to allow gamblers to soon drop their self-imposed, state-enforced lifetime bans from state casinos, the latest move by a state to roll back safeguards aimed at protecting problem gamblers.
- **The commission unanimously approved a measure that would allow gamblers to opt out of their ban five years after signing up. Nearly 11,000 of the more than 16,000 people who have banned themselves from Missouri casinos will be eligible to gamble again as soon as the rule change takes effect in April.**

Naltrexone and Gambling

- These findings from a clinical setting suggest 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.

- Department of Psychiatry, University of Minnesota School of Medicine, Minneapolis, Minnesota 55454-1495, USA. grant045@umn.edu
-

Anti-heroin drug a solution to gambling addiction?

- The Medical Journal of Australia's website has recommended practitioners to treat gambling addiction with the drug naltrexone. The website, **however, added that the doctors should recommend the drug "with caution" to the patients.**
- The drug, usually used to treat problems such as heroin and alcohol addictions, can help to block the overproduction in the brain of endogenous opioids and to assist people to control their impulses.

N Acetyl Cysteine

- In a recent eight-week trial, 27 people were given increasing doses of the amino acid, which has an impact on the chemical glutamate – often associated with reward in the brain. **At the end of the trial, 60 percent of the participants reported fewer urges to gamble.**

“It looks very promising,” said Jon Grant, J.D., M.D., a University of Minnesota associate professor of psychiatry and principal investigator of the study. “We were able to reduce people’s urges to gamble.”

Controlled Gambling?

- Dr. Wendy Slutske at the [NCRG Conference on Gambling and Addiction](#), revealed that a large percentage of Australians who have recovered from a gambling disorder are able to participate in “controlled gambling.” In other words, they are able to gamble without relapse (Slutske, 2009).

- Individuals who met criteria for problem gambling ranked the following management techniques as most used:
 - - “Focus on other hobbies”
 - - “Spend more time with family and friends”
 - - “Think about the negative consequences of excessive gambling”
 - - “Keep track of the money I spend on gambling”
 - - “Talk to family and friends about my gambling”
- The lowest ranked techniques for this group were: having myself voluntarily excluded from a gambling venue; ask a friend to look out for me when I’m at a gambling venue; and cut up my credit cards.
- The authors summarized the findings: “Overall, strategies concerned with setting limits on bet size and time spent gambling, reminding oneself of the negative consequences of gambling and distraction with other activities were the most frequently used techniques, with about half the sample employing these at some time or other. Most of these techniques involve some kind of cognitive restructuring—thinking about gambling in a different way, either to attempt to reduce its attraction or to try to rein in that attraction” (Moore et al., 2011, p. 13). The researchers recommend future research focused on the use of these strategies among larger samples.

New Study Examines the Causes and Correlates of Gambling in Children

- A recent study of Canadian children published in the journal [*Psychology of Addictive Behaviors*](#) took just this approach (Vitaro & Wanner, 2011). The researchers gathered information about 1,125 children and their families between the ages of six and eight, and then measured their gambling behavior at the age of 10. The findings suggest that preventing gambling in children will require a multifaceted approach that addresses all of the potential risk factors involved.

- The researchers measured several variables in the children, including their teacher's impressions of child sensitivity to reward and punishment, parent gambling behavior and demographic factors. Low sensitivity to punishment, which is controlled in the brain by serotonin levels in what is called the behavioral inhibition system (BIS), is manifested in low inhibition and lack of regard for consequences. High sensitivity to reward, which is controlled in the brain by dopamine levels in what is called the behavioral activation system (BAS), is demonstrated in impulsive behavior. These two systems are biologically distinct from each other and vary from person to person.
- The researchers were especially interested in how the BIS and BAS interacted with each other, and with the gambling behavior of the parents, to affect gambling in children. One hypothesis is that the systems affect each other. For example, a child who is very sensitive to rewards might be more likely to gamble, but if that same child were also very sensitive to punishment the aversion to punishment might override the desire for rewards and keep him/her from gambling. Another hypothesis is that the systems do not interact at all, and each exerts a separate impact on the individual child.

- The researchers' findings support the second hypothesis. Both BIS and BAS, as well as parental gambling, independently affected whether or not children gambled at the age of 10. That is, the children who were more likely to gamble at age 10 had teachers who thought they were more sensitive to rewards, less sensitive to punishment, or whose parents gambled. However, whether parents suffered from disordered gambling was not a factor. This may be because young children are not aware of their parent's gambling problems, or because too few family members had gambling problems to achieve statistical significance in this study. While this study lays the groundwork for discussions of what causes youth gambling, more research is needed to further unravel the relationship between genetics, environment and childhood gambling.

Innovation on the way

- The following are several examples of the types of programs and innovation in the problem gambling field
- Not intended to be exhaustive

Gambling prevention initiative launched in Surry NC

- The N.C. Problem Gambling Program has partnered with Surry Community College, East Surry, North Surry and Surry Central high schools and Mount Airy Middle School to test its campaign and curriculum programs to raise awareness about and prevent problem gambling.
- Goal is to prevent problem gambling behaviors from developing. We want to change the attitudes and change the beliefs about gambling and the third thing is we want to change the behavior, which is the most difficult

Gambling: Canada develops underage screening software

- The product, branded BetStopper,
- **It has a heightened or enhanced level of intelligence that allows it to have a 98 percent rate of blocking sites,"** she said.
- BetStopper is password-protected and parents will receive an email notification immediately if the program is turned off.
- While adults could also use the software to prevent other adults from accessing gaming sites, Mullally said it's principally intended for parental use.

Problem Gambling Treatment Level of Care

Gamblers Assistance Program
Division of Behavioral Health
Department of Health and Human Services
February 1, 2012

Level of Functioning/Severity

Need to clarify Level of Function/Severity considerations:

- Intensity of need typically aligns to level of care
 - The greater intensity of need, often the more restrictive setting
- Be careful not to assume
 - Acute and chronic don't mean the same treatment need
- Severity /Intensity of need does not automatically correlate to *duration or frequency* of any service
- “Function” – equates to the individual's ability to successfully manage everyday life (i.e. relationships, employment, housing, personal care and safety, etc)

Instant Access:

Using the Web to Promote Health and Responsible Gaming

NCRG Conference on Gambling and Addiction, October 2011

*Mark Vander Linden, MSW
Iowa Department of Public Health
Executive Officer*

Office of Problem Gambling Treatment and Prevention



Distance Treatment Outcomes

Distance Treatment has Helped Me to Stop or Reduce Gambling	
One Month Telephone Questionnaire (n=15)	
Strongly Agree	60%
Agree	33%
Disagree or Strongly Disagree	7%
Two Month Telephone Questionnaire (n=17)	
Strongly Agree	47%
Agree	53%
Disagree or Strongly Disagree	00%

University of Northern Iowa, Center for Social and Behavioral Research, Iowa Gambling Treatment Outcomes System, August 2010

Video website

- <http://www.notagame.org/>
- **Youth Gambling is Not a Game** In the United States and Canada as many as 15.3 million 12–17 year olds have been gambling with or without adult awareness or approval, and 2.2 million of these are experiencing serious gambling-related problems.¹
- *1. Use the information on this web site to educate yourself about problem gambling. You'll find tools to help you recognize problem gambling, understand its consequences and find resources with additional information and treatment options. For immediate help, call the confidential Washington State Problem Gambling Helpline at: 1-800-547-6133*

Brief Therapy and Gambling Clients

Workbook

Cognitive Behavioral therapy based designed to assist problem and pathological gamblers in addressing negative consequences and issues that have occurred because of gambling

Dr. Tim Fong UCLA

Brief Counseling

- Six sessions with workbook
 - Assessment
 - Dealing with consequences
 - Why is it so hard to stop
 - Dealing with urges and triggers
 - Lifestyle changes
 - Preventing relapses
- Therapist manual part of packet

Questions

- Can Brief Therapy be effective with gamblers?
- What are options for family members in this type of therapy?
- Is this type of therapy for aftercare or reduced counselor involvement scenarios?

- **Definitions**
- **Recovery Oriented System of Care: A Recovery Oriented System of Care (ROSC) supports person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems and problem gambling. A ROSC offers a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathway to recovery. For more information on ROSC:**
 - *A Matter of Substance (May 2009) published by the IDPH Division of Behavioral Health:
<http://www.idph.state.ia.us/IdphArchive/Archive.aspx?channel=MatterOfSubstance>*
 - *Practice Guidelines for Recovery-Oriented Care for Mental Health and Substance Use Conditions (2008) published by the Connecticut Department of Mental Health and Addiction Services:
<http://www.ct.gov/dmhas/lib/dmhas/recovery/practiceguidelines2.pdf>*

- **Recovery Support Services:** A broad array of client-selected provider or community-based supports and services intended to further enhance and further the client's recovery journey.
- **Care Coordination:** Care coordination is the central service around which Recovery Support services are organized. Care coordinators assist admitted problem gambling clients identify and access covered recovery support services.
- **Principles of Recovery Support**
 - 1. Individuals have the right to choose recovery and the recovery-related services and supports that best meet their needs.
 - 2. Client choice is enhanced by a recovery-oriented system of care that honors each client's familial, cultural, spiritual, economic and logistical needs.
 - 3. Individualized choice enhances client retention in treatment and strengthens client commitment to and success in recovery.

- **Iowa Department of Public Health**
- **Problem Gambling Treatment, Prevention & Recovery Support Services**
- **Recovery Support Services and Care Coordination**
- **Eligibility to receive Recovery Support Services**
- 1. Resident of the state of Iowa.
- 2. Admitted to treatment as a problem gambler and active for a minimum of 30 days.
- 3. Inability to pay for recovery support service based on one of the following:
 - a. Client at or below 200% of the Federal Poverty Level
 - b. Burden of gambling related debt drives the client income at or below 200% of the Federal Poverty Level
 - c. Client is without other financial resources to pay for the service(s)
- 4. The contractor must maintain documentation of how the recovery support service supports the client's recovery and client eligibility, including proof of income, and debt burden if necessary.
- 5. A Recovery Support Service is reimbursable through the Department only with there is no other funding source for that service. Through care coordination, the provider is responsible for determining and documenting lack of funding for covered services.

Recovery Support Services(ROSC)

- **Maximum client benefit**
- The total maximum client benefit for recovery support services for the project period is \$1,400.
- **Recovery Support Services Service**
- **Description**
- **Life skills coaching:** Individual coaching with clients to develop the skills that help individuals make informed decisions, manage finances, communicate effectively and develop coping and self management skills that assist their recovery. Assistance in this category may provide for financial counseling.

- **Housing Assistance:** Short term housing in a safe and recovery-oriented environment for clients with no other housing alternatives conducive to recovery. Housing may be provided in a facility for individuals in recovery or in a facility providing related services in the community.
- **Recovery Peer Coaching:** Face-to-face meetings and recovery calls between the client and a recovery Peer Coach to discuss routine recovery issues from a peer perspective. A maximum of 4 hours of contact per month will be reimbursed.
- **Electronic Recovery Support Messaging:** One-way electronic communication sent to a client intended to support recovery, improve health, life quality and wellness.

- **Utility Assistance:** Assistance provided to clients for the purpose of addressing past due utilities or deposits that will assist in establishing or maintaining their residence. Utility assistance can be used for past due bills that are interfering in the client's ability to obtain housing. Utility bills must be in the client's name
- **Supplemental Needs**
- **Clothing/Hygiene:** Assistance provided to clients to purchase clothing and hygiene products that supports the client's recovery. Hygiene products are limited to soap, shampoo, toilet paper, toothpaste, deodorant, shaving needs, feminine hygiene products and dental products.

- **Supplemental Needs**
- **Education:** Assistance provided to clients for the purpose of completing or continuing educations. This service may be used for GED coursework and testing, English as a second language classes (ESL), or educational materials and tuition at a secondary educational institution.
- **Supplemental Needs**
- **Gas Cards Transportation assistance:** in the form of gas cards to be given directly to the client for the purpose of transportation to and from an activity related to a client's recovery. Gas cards may not be used solely for the purpose of transportation to and from work. Client must provide proof of gas purchase.

- **Supplemental Needs**
- **Wellness Assistance:** provided to clients for the purchase of items or services that support improved health. This may include an eye exam or the purchase of eye glasses or contact lenses, fitness memberships (excluding family memberships), smoking cessation, or nutrition counseling.
- **Supplemental Needs**
- **Housing Rental Assistance:** Assistance provided to clients for housing rental costs incurred in the client's name and conducive to the client's recovery. Client must provide proof of lease. Rent cannot be paid to a family member.
- **Supplemental Needs**
- **Bus/Cab:** Transportation by bus or cab to and from an activity related to the client's recovery

- **Recovery Support Services**

- Life Skills Coaching Unit = 30 minutes \$25
- Housing Assistance Unit = \$1 \$1 \$700/total
- Recovery peer coaching Unit = 15 minutes \$12.50 \$200/month
- Electronic Recovery Support Messaging Unit = 1 minute \$1 \$150/total
- Supplemental need – utility assistance Unit = \$1 \$1 \$200/ total
- Supplemental need – clothing/hygiene Unit = \$1 \$1 \$75/total
- Supplemental need – education Unit = \$1 \$1 \$250/total
- Supplemental need – housing rental assistance Unit = \$1 \$1 \$700/total
- Supplemental need – gas card Unit = (1) \$25 gas card \$25 (1) \$25 gas card per week \$200/total
- Supplemental need – wellness Unit = \$1 \$1 \$250/total
- Supplemental need – bus/cab Unit = \$1 \$1

Questions

- Can clients benefit from this type of service?
- Would counselors be interested in this?
- What are the positives and negatives of implementing this process?

Thank you

- Questions?
- Jerry Bauerkemper BS CCGC
- Executive Director Nebraska
Council on Compulsive Gambling
- Exnccgjb@aol.com