Inpatient/Residential Treatment for Individuals with a Gambling Disorder…
Overcoming Treatment Ambivalence

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Learning Objectives

• Recognize when it is clinically appropriate to refer to an inpatient/residential gambling disorder treatment provider.
• Explore the challenges of working with a client who is ambivalent to inpatient/residential treatment.
• Explore strategies of motivational interviewing and readiness for change.
• Understanding admission process
• Overview of inpatient/residential treatment
• Continuum of care.
Identifiers

Cues for Considering Residential Treatment

- Behavioral Signs
  - Stops doing things previously enjoyed
  - Misses family events
  - Changes patterns of sleep, eating or sexual activity
  - Ignores self-care, work, school or family tasks
  - Have conflicts over money with other people
  - Uses alcohol or other drugs more often
  - Often late for work or school
  - Organizes staff pools
Identifiers

Cues for Considering Residential Treatment

- Behavioral Signs
  - Leaves children alone, seems less concerned about who looks after them; neglects their basic care
  - Thinks and talks about gambling all the time
  - Is less willing to spend money on things other than gambling
  - Cheats or steals to get the money to gamble or pay debts
  - Has legal problems related to gambling
  - Is gone for long, unexplained periods of time
  - Neglects personal responsibilities
Identifiers

Cues for Considering Residential Treatment

- Emotional Signs
  - Withdraws from family and friends
  - Seems far away, anxious or has difficulty paying attention
  - Have mood swings and sudden outbursts of anger
Residential Treatment Screens

- South Oaks Gambling Screen (SOGS)
  - **Scores**
    - 0 = No problem
    - 1-4 = Some problems
    - 5+ = Probable gambling disorder

- DSM-5
  - Score of 4 or more
Determining Appropriate Level of Care

- Risk of Harm
- Functional Status
- Medical, Addictive and Psychiatric Co-Morbidity
- Recovery Environment
- Treatment and Recovery History
- Engagement
Addressing Treatment Ambivalence

There are many reasons why people with gambling problems don’t get help. Research reveals that many people are unaware that specialized problem gambling services are available; others may refuse help because they are ambivalent about giving up gambling; have fear of being stigmatized or may be unaware that their gambling is connected to problems in their lives.
Patient Responses (what kept me from entering treatment)

- Continued hope of a big win, “as long as I still have money there’s a chance I can fix it by gambling”
- Shame
- Pride
- Fear
- Obligations: family/ work/ pets
- Denial: “it’s not that bad”, “I’ll just stop”
- Did not want to quit
Contributing Factors to Treatment Ambivalence

• Lacks healthy coping skills
• Co-occurring mental health disorder(s)
• Co-occurring substance use disorder(s)
• Unresolved grief and loss, prolonged or complicated grief
• Anger and resentments
• History of trauma/abuse
Percentage of Gamblers With Co-Occurring Disorders

- **Substance Use Disorders**
  - Alcohol use disorders: 73.2%
  - Drug use disorders: 38.1%

- **Mood Disorders**
  - Mood disorder: 49.6%
  - Major depressive disorder: 37%
  - Bipolar disorder: 22.8%

- **Anxiety Disorders**
  - Anxiety disorders including generalized anxiety, panic disorder, social phobia and post-traumatic stress: 41.3%

- **Personality Disorders**
  - Personality disorders including borderline, narcissistic, antisocial and histrionic: 60.8%
Cognitive Distortions; Contribute to Ambivalence

- **Systems**
  - *Overcome the house advantage by learning system*

- **Selective Recall**
  - *Remember wins, forget losses*

- **Personification of a Gambling Device**
  - *Human characteristics to gambling process – machine is “punishing them”*

- **Near Miss Beliefs**
  - *Mental reduction in losing experiences by thoughts of “almost” won*
Cognitive Distortions

- **Chasing Losses**
  - *Money can be “won back” by further gambling*

- **Personalization**
  - *Belief in personal control over external uncontrollable events*

- **Emotional Reasoning**
  - *Emotions reflect reality – “I feel it, therefore it must be true.”*
Addressing Treatment Ambivalence

Helpful strategies:

• Making calls from office to set up appointments, ask questions

• Meeting with family members separately/ family members are sometimes more willing to discuss the problems gambling has created more than the person with a gambling disorder

• Use of additional tools
A Chart of Compulsive Gambling and Recovery

WINNING STAGE
- Frequent Winning
- More Frequent Gambling
- Excitement Prior To And With Gambling
- Fantasises About Gambling
- Frequent Gambling
- Occasional Gambling
- Increased Amount Bet
- Big Win

LOSES STAGE
- Prolonged Losing Episodes
- Covering Up Lying
- Losing Time From Work
- Personality Changes
- Irritable, Restless, Withdrawn
- Heavy Borrowing/Legal & Illegal
- Gambling Alone
- Thinks Only About Gambling
- Can’t Stop Gambling/Borrowing Illegally
- Careless About Spouse/Family
- Delays Paying Debts
- Home Life Unhappy
- Unable To Pay Debts
- Reputation Affected
- Bailout
- Marked Increase In Amount And Time Spent Gambling
- Blaming Others
- Illegal Acts
- Remorse
- Panic

DESPERATION STAGE
- Alienation From Family And Friends
- Responsible Thinking
- Honest Desire For Help

CRITICAL STAGE
- Spiritual Needs Examined
- Problem Solving
- Thinking Clearer
- Realistic Stops Gambling

REBUILD STAGE
- Restitution Plans
- Return To Work
- Decision Making
- New Interests
- Improved Spouse & Family Relationships
- Paying Bills, Budget

GROWTH STAGE
- More Family Time
- Less Irritation Behavior
- Accept Self-Weaknesses & Strengths
- More Family Time
- Less Impatience
- Resolve Legal Problems
- Develop Goals

SACRIFICING FOR OTHERS
- Giving Affection To Others
- Insight Into Self
- Facing Problems Promptly
- Preoccupation With Gambling Decreases

NEW WAY OF LIFE
- Understanding Self And Others
- Paying Debts
- Accepting Self-Weaknesses & Strengths
- More Family Time
- Less Impatience

HOPELESSNESS
SUIT CAL IDEATION
ARRESTS
ALCOHOL & DRUG ABUSE
EMOTIONAL BREAKDOWN
WITHDRAWAL SYMPTOMS

COUNCIL ON COMPULSIVE GAMBLING OF NEW JERSEY, INC.

Robert L. Custer, M.D.
**Stages of Change**

**Precontemplation**: Not yet acknowledging that there is a problem behavior that needs to be changed.

**Contemplation**: Acknowledging that there is a problem but not yet ready or sure of wanting to make a change.

**Preparation/Determination**: Getting ready to change.

**Action/Willpower**: Changing behavior.

**Maintenance**: Maintaining the behavior change.

**Relapse**: Returning to older behaviors and abandoning the new changes.
Motivational Interviewing

- Motivating Client Change
  - Express empathy
  - Help client see consequences of gambling
  - Avoid arguments
  - Roll with resistance
  - Support self-efficacy
Readiness to Change

- Tell me about your gambling history and what has led up to seeking treatment?
- If your gambling were to continue, what’s your biggest fear?
- What concerns other people about your gambling?
- How has gambling kept you from reaching your goals/dreams?
- How has your gambling impacted your values/beliefs?
- How ready, willing and able are you to seek treatment for your gambling disorder (1-5 scale)?
- What are potential challenges to remaining abstinent from gambling?
- What would assist you in remaining abstinent?
Admission to Vanguard

- If client is ambivalent about residential treatment, consider a conference call with client, Vanguard, and initial provider

- When you have verbal commitment from client, call or e-mail (state specific)

- Contact Admissions at Vanguard: 1-800-862-1453
Funding Options

• Currently, Vanguard offers out-of-state treatment scholarships for $2,500. If the client does not complete treatment, they are required to pay Vanguard the $2,500.

• Specific state contracts
Project Turnabout’s Vanguard Center for Compulsive Gambling

- Located in Granite Falls, MN
- 20-bed inpatient/residential treatment program
- Serves both men and women
- Exclusive treatment program for gambling disorder
  - Able to treat chemical dependency in separate programs

Multidisciplinary, 12-step, abstinence based treatment philosophy
Regional Treatment Center

- Four campuses in Minnesota
- Inpatient/Residential
  - With on-site licensed detox
- Outpatient Treatment
- Continuing Care Programs

OUR MISSION

“To operate services designed to help alcohol and drug dependent people, compulsive gamblers and perpetrators of domestic abuse or community violence.”
Vanguard Center for Compulsive Gambling

Residential Rooms
Vanguard Center for Compulsive Gambling
Campus Amenities
Treatment Model

- **Education**
  - Lecture series
  - On-demand video series

- **Therapy**
  - Individualized treatment plan
  - Patient-to-counselor ratio less than 7:1

- **Fellowship**
  - Peer-to-peer
  - Outside support groups
Structure of Vanguard Program

- Individual and group therapy
- Education
- Family program
- Spiritual and fitness
- Structured activities
- Personal accountability
Family Involvement in Treatment

• Bi-weekly therapeutic and educational group sessions
  ▫ Open lines of communication
  ▫ Discuss on-going recovery
  ▫ Initiate the healing process

• For long distance families tools such as phone conferencing and Skype are available.

• No additional cost for family program
Pre-Admission Assessment

- Facility medical staff retrieves collateral information from:
  - Patient and relatives/loved ones
  - Primary physicians
  - Mental health professionals
  - Pharmacists
  - Other medical professionals
Holistic Multidisciplinary Assessment

Upon intake, each Vanguard patient receives a holistic assessment from a multi-disciplinary team that includes mental health, addiction, medical, and health & fitness professionals. This assessment is used to develop their individualized treatment plan.

- **Dimensions**
  - Intoxication/Withdrawal
  - Biomedical Assessment
  - Emotional, Behavioral, Cognitive
  - Readiness for Change
  - Relapse, Continued Use Potential
  - Recovery Environment
Strengths-Based Assessment

- Considers patient strengths, values and beliefs, goals, abilities, personal and environmental assets, and cultural/personal treatment preferences.
Biomedical Assessment

- Done by medical staff
- Detoxification needs
- Quick drug screen
- Medical history
- Gambling history
- Substance use history/chemicals of choice
- Release of medical records
- Intake physical
- Medication recommendations
Psychological Assessment

1. Emotional, behavioral and cognitive evaluation within first 24 hours of treatment
2. Substance use status and history
3. DSM-5 Multiaxial Diagnosis
4. Assessment of suicidality
5. Beck Depression Inventory
6. Quality of Life index
7. MMPI II
8. Off-campus medical/mental health evaluations and services
Clinical Interventions

**Rational**

Provide patient with a safe treatment "holding environment" that includes nurturing, trusting relationships.

**Method**

- 12-Step facilitation
- Patient/counselor therapeutic alliance established in individual counseling sessions
- Supportive Peer/12-Step fellowship
- Group-based therapy
- Structured daily activities
- Clear guidelines and expectations
- Relationship skills development
- Group skills development
Clinical Interventions

**Rational**

*Help patient acquire new information and experiences through education and treatment programming.*

**Method**

- Educational lectures/presentations, videos and books on addiction and co-occurring disorders
- Daily 12-Step meetings and groups
- Daily fitness and recreation activities
- Discussion on neurobiology of addiction, depression and anxiety
- Financial management counseling
- Relapse prevention
- Daily instruction and practice of coping strategies
Primary Coping Strategies

**Clinical Interventions**

- 4-7-8 Breath
- Mindful Breathing
- Emotional Freedom Technique (Tapping)
- Mindfulness/Acceptance
- Meditation & Prayer
- Relaxation
- Guided Imagery
- Journaling
- Dealing with Urges and Triggers
- Tolerating Strong Emotions

**Method**
Clinical Interventions

**Rational**

Foster patient's movement from dissociation and denial to thought and emotional awareness and expression.

**Method**

- Daily feelings journaling
- 12-Step patient writing assignments and presentations
- Patient gambling history presentations
- Family education and therapy
- Therapeutic process comments
- Motivational Interviewing and Enhancement
- Solution-focused writing assignments (Miracle Question)
- Cognitive Restructuring
Clinical Interventions

**Rational**

Provide patient with opportunities to experience and tolerate strong emotional states and "safe emergencies," followed by times of processing, reflection, and ascribing new meaning.

**Method**

- Empathic, non-judgmental, helping counselor stance
- 12-Step writing assignments and patient presentations
- Externalizing the problem
- Exercises in tolerating strong emotions
- Mindfulness/Acceptance meditations
- Urge Surfing and craving management
- Cognitive Restructuring
- Grief Facilitation
- Tapping (EFT)
- DBT
Quality of Live Inventory

- The Quality of Life Inventory’s is used to:
  - Screen for mental health and physical problems
  - Measure patient progress
  - People’s life satisfaction is based on how well their needs, goals and wishes are being met in important areas of life
Quality of Life Inventory
Average Percentile Scores for Vanguard Patients (FY 12-13)

*Percentile scores are from 1 to 99

YEAR 2012

YEAR 2013

Scores for Percentiles:
Very Low= 1 to 10
Low= 11 to 20
Average= 21 to 80
High= 81 to 99
Self Esteem Scores

Average Percentile Scores for Vanguard Patients (FY 12-13)

*Chart is on a -6 to 6 scale for scoring
Quality Measures

- Discharge with staff approval
  - Average rating of 87%

- Patient indicated overall program satisfaction
  - FY 2012-2013: 95%
Continuing Quality Care

After Inpatient/Residential Treatment

• Clinical recommendations include:

  • 2-3 GA meetings per week
  • Find a GA sponsor and have daily contact for 6 months
  • Participate with Vanguard Alumni Recovery Network
  • Continued outpatient gambling counseling
Collaboration

• Referral process

• Interaction with patient while in treatment

• Discharge planning
Thank you & Questions

• For additional questions or concerns please contact
  ▫ Vanguard Center for Compulsive Gambling
    • Sheryl Anderson
      1-800-862-1453 or sanderson@projectturnabout.org