COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

Level 1
Gambling Counselor Training

Council on Compulsive Gambling of Pennsylvania, Inc.
Josh Ercole, Executive Director

Jody Bechtold
Consultant to CCGP

Gregory Krausz
Consultant to CCGP

Lori Rugle, Ph.D.,
Consultant to CCGP

Council on Compulsive Gambling of Pennsylvania

- CCGP is a non-profit advocacy organization whose purpose is to assist individuals in Pennsylvania who are experiencing gambling related issues
- We have operated the PA problem gambling Helpline since 1997, with funding from The Pennsylvania Lottery, our Casino Corporate Partners and DDAP
- We provide training programs, speakers, workshops, prevention and clinical training programs to community groups, professionals and treatment organizations

COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

1-800-GAMBLER®
www.pacouncil.com

COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

Empathy

Rarely can a response make something better…

…what makes something better is connection.

Expectations for the training…

- Attend EVERY session (for the whole time!)
- Participate in group/breakout discussions
- Please stay muted unless in sessions/asking question
- Cameras ON AT ALL TIMES
- Complete all activities & quiz/surveys
- Share info about what you learn with colleagues/friends/family
- **Have Fun!**

Following the training, you will…

- Have a dramatically increased knowledge about problem and disordered gambling
- Do nothing at all (we hope not!)
- Become a Referral on the PA Helpline
  - Send your resume, certificate of liability insurance and contact info to CCGP
- Become certified in PA
  - PA Certification Board
    - Endorsement – Certificate of Competency in Problem Gambling
- Become internationally Certified
  - International Problem Gambling and Gaming Certification Organization (IPGGC)
    - Internationally Certified Gambling Counselor (ICGC-1)
      - 4 hours of participation on monthly BACC clinical meetings
      - 100 hours of experience working with gambling clients
      - Exam (study guide will be provided at end of 30 hour training)



- Enter into a grant agreement with DDAP
  - Sole Practitioner or Agency (& staff)

ccgp
COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

How would you define gambling?

Council on Compulsive Gambling of Pennsylvania, Inc. • 1-800-GAMBLER®

What is Gambling?

Dictionary.com

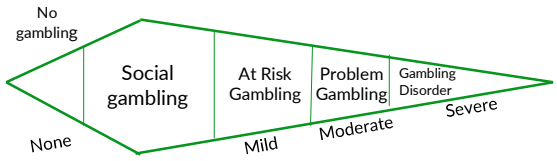
The activity or practice of playing a game of chance, or taking a chance, for money or some other stake, where there is a risk of losing that stake

Gambler's Anonymous

"Any betting or wagering, for self or for others, *whether for money or not*, no matter how slight or insignificant, where the outcome is uncertain or depends upon chance or "skill", constitutes gambling."

(Gambler's Anonymous, March 1994, Handbook)

Problem Gambling Continuum



Korn & Shaffer, 99

Problem Gambling Prevalence

- Estimates indicate approximately 1-3% of the adult population of the US
- PSU 2025 Interactive Gaming Assessment reports 2.5-6.4%
- **This represents millions of people in the US & hundreds of thousands in PA**

COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

DSM-5

DSM-5 released in May 2013

DSM-5

- Moved to "Substance-Related Disorders" which was renamed Substance Related and Addictive Disorders
- So far, this is the only "behavioral" addiction included (hypersexual disorder in paraphilias; binge eating disorder in feeding and eating disorders)
- Renamed: **Gambling Disorder**

REMOVED one criteria from DSM-IV:
Have you committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling

DSM-5

GAMBLING DISORDER

Progressive, persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following criteria in a 12 month period

Gambling Disorder: DSM-5 Diagnostic Criteria

- Preoccupation
- Tolerance
- Withdrawal
- Escape
- Lying
- Loss of Control
- Risked Relationship
- Chasing
- Bailout

Gambling Disorder: DSM-5 Diagnostic Criteria

- Gambling Behavior is not better explained by way of a manic episode.
- **Scores:**
  Gambling Disorder - 4 or more of the 9 criteria

Specifiers

- **Episodic:**
  - Met criteria at more than one time point with symptoms subsiding in between for several months
- **Persistent**
  - Continuous symptoms for multiple years
- **Early Remission:** no criteria for 3-12 months
- **Sustained Remission:** no criteria for 12 or more months
- **Severity**
  - Mild: 4-5 Criteria
  - Moderate: 6-7 Criteria
  - Severe: 8-9 Criteria

Subtypes

Action	Escape
• Early Onset	• Later Onset
• Narcissistic	• Machine Games (Slots/VP)
• Games of Skill	• Relief/Dissociation
• Competition/Power	• No Winning Phase
• Winning Phase	• Gender Bias?
• More likely to be male	

(Lesieur, 1992)

Subtypes: The Pathways Model

(Blaszczynski & Nower, 2002 / Nower et al, 2013)

Three Pathways – All share the same:

1. Access & Availability
2. Classical & Operant Conditioning
3. Habituation
4. Chasing

Subtypes: The Pathways Model

Pathway 1: Behaviorally Conditioned

- Gambling often linked to learning & environment
- No pre-existing pathology
- May have early big wins, intermittent wins, enjoy excitement
- Factors combine to form a gambling habit
- Cognitive distortion contribute to habitual pattern
- Anxiety, depression, substance use likely secondary to gambling consequences

Subtypes: The Pathways Model

Pathway 2: Psychologically Vulnerable

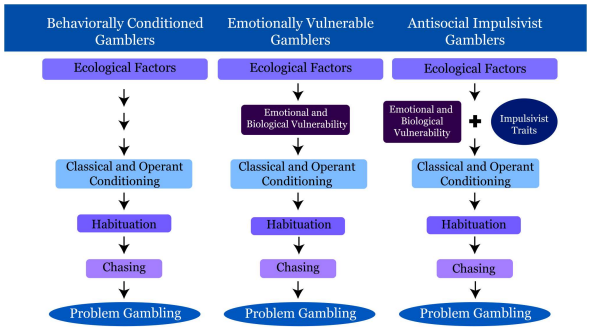
- Proposes that some individuals are emotionally vulnerable to problem gambling due to pre-existing psychological problems such as difficulty managing stress or dealing with crisis situation
- Gambling viewed as way to escape or potential solution
- Poor coping and problem solving due to negative family background experiences, inadequate role models or past trauma
- May suffer from anxiety, depression, become isolated/withdrawn
- Gambling may instill a sense of hope, increasing desire to gamble.

Subtypes: The Pathways Model

Pathway 3: Antisocial/Impulsive

- Predisposing biological factors that contribute to problem gambling
- Likely history of wide range of impulsive behaviors from early age
  - May have difficulties concentrating and learning
  - May have history of attention deficit disorder
  - May be overactive with a need for a lot of stimulation
  - May do things on impulse without considering consequences
- The above behaviors point to biological disorders related to neurological deficits

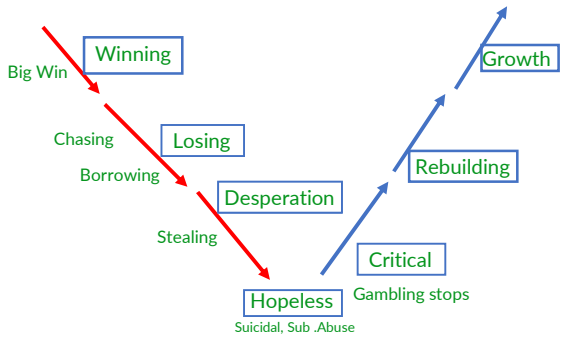
Subtypes: The Pathways Model



Progression of Gambling Disorder

Council on Compulsive Gambling of Pennsylvania, Inc. • 1-800-GAMBLER®

Progression of Gambling Disorder



Factors Affecting Progression

- **Related to the Activity**
- **External Factors**
- **Internal Factors**

Risk Factors – Limited Understanding

- Independence of Turns
- Chance vs. Skill
- Illusions of Control
- Randomness

Research by Dr. Robert Ladouceur

Independence of Turns: Coin Toss



Chance vs. Skill

- "What is the definition of **skill**?"
- "The more you practice, the better you will be"
- "What is the definition of **chance**?"
- "All unforeseen or unpredictable events over which a person has no control."

Recognizing Traps – Illusions of Control

- Slot Machines Illusions
- Lottery Illusions
- Bingo Illusions
- Blackjack Illusions
- Roulette Illusions
- Horse Racing Illusions

Understanding "Randomness"

Which lottery ticket do you want?

1 2 3 4 5 6

11 4 7 28 9 32

ccgp
COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

Do More People Drink Alcohol or Gamble?

Council on Compulsive Gambling of Pennsylvania, Inc. • 1-800-GAMBLER®

"Past Year" Gambling is More Prevalent than Drinking any Alcohol

- **All Adults**
  - Past Year Drinking = 60%
  - Past Year Gambling = 75%
- **Males**
  - Past Year Drinking = 62%
  - Past Year Gambling = 81%
- **Females**
  - Past Year Drinking = 57%
  - Past Year Gambling = 70%

Barnes et al, 2013

Comparison to Substance Use

Past Year Use/Participation From U.S. Survey

(Barnes et al, 2015)

•Gambling	79.6%
•Alcohol	67.6%
•Smoked Tobacco	28.7%
•Marijuana	11.2%

Disorder Prevalence Comparison

Alcohol Use Disorder	6.4%
Gambling (Welte et al, 2015)	**1.9%**
Cannabis	1.6%
Opioid	.71%
Cocaine	.34%

2014 National Survey on Drug Use & Health

Gambling Disorder: Comparison to Substance Abuse

Similarities

- Preoccupation & loss of control
- Both are often progressive
- Denial: problem resides outside of the person
- Continued behavior despite negative consequences
- Tolerance & withdrawal
- Self help groups & family involvement

Gambling Disorder: Comparison to Substance Abuse

- **Differences**
  - Unpredictable outcome
  - Gambling is not self-limiting
  - No biological test / easier to hide
  - More intense sense of shame & guilt
  - Intensity of family anger
  - Less public awareness about gambling
  - More widespread acceptance of gambling

Consequences of Problem Gambling

- Poor health
- Mental health issues
  Depression / Anxiety / Etc.
- Potential Alcohol & Drug dependence
- Family arguments & high divorce rates
- Legal conflicts
- Bankruptcy
- Job loss & unemployment
- **Suicide (60% ideation / 20% attempt)**

(Kessler et al., 2008; Morasco et al., 2006; NORC, 1999; Rush et al., 2008)

Self-Help Meeting/ Support Group Activity

www.pacouncil.com/ccgp30

Council on Compulsive Gambling of Pennsylvania, Inc. • 1-800-GAMBLER®

Gambling Counselor Training
Week 1 – Session 2

Council on Compulsive Gambling of Pennsylvania, Inc.
Josh Ercole, Executive Director

Jody Bechtold
Consultant to CCGP

Gregory Krausz
Consultant to CCGP

Lori Rugle, Ph.D.,
Consultant to CCGP

PROBLEM GAMBLING IN THE U.S.
Addressing the Issue

- 1957 - Gamblers Anonymous Begins in California
- 1960 – GamAnon Begins in New York
- 1972 – First Professional Treatment Program-V.A.

  -- National Council on Problem Gambling
- 1979 – First State Funded Treatment Program - Maryland
- 1980 – American Psychiatric Assoc. – DSM III
- 1984 – NCPG begins Counselor Certification process
- 1994 – A.P.A. – DSM-IV

PROBLEM GAMBLING IN THE U.S.
Addressing the Issue

- 2000 – National Association of Administrators for Disordered Gambling Services (NAADGS)
- 2001 – First year more than half of US states offered Problem Gambling funding – 26 states
- As of 2023, 42 of 50 US States plus DC provide some kind of funding for Problem Gambling
- Annual total of U.S. State Problem Gambling Spending - $134M (PA ~ 6.8M)

ccgp
COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

Treatment

Gambling Treatment Availability: 2025

Treatment resources are quite limited

- Very Few Problem Gambling specific residential treatment programs in U.S.
  (PA*, LA, MN, AZ, OR, FL, MI, and V.A.-OH)
- There are currently very few gambling treatment programs for veterans/active military

Self-Help resources limited

- Approx. 60,000 AA meeting nationwide
- Approx. 1,200 GA meetings nationally
- Online options have grown since COVID

Pennsylvania Problem Gambling Helpline

1-800-GAMBLER

Call • Chat • Text

ipggc.org



ccgp
COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

Prevention

"A ***proactive process*** that ***promotes the well-being of people*** and empowers an individual, group, or community to create and ***reinforce healthy lifestyles and behaviors*** to meet the challenges, events and transitions of life"

(Substance Abuse & Mental Health Services Administration)

Approach

Programs have generally addressed:

- Risk Factors
- Protective Factors

- *Based on obvious similarities between problem gambling and other problem behaviors*



www.pacouncil.com

Customer Assistance Program Training: 2026

Presented By
Josh Ercole
Council on Compulsive Gambling of Pennsylvania, Inc.

Helpline 1-800-GAMBLER

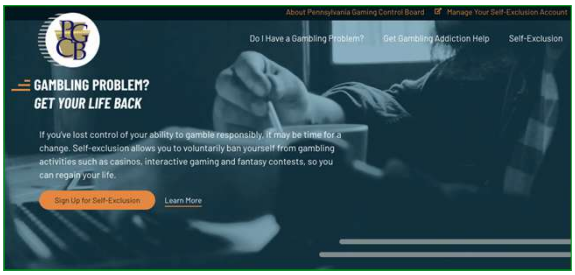
Self-Exclusion Programs

The Office of Compulsive and Problem Gambling of the Pennsylvania Gaming Control Board has established and maintains the self-exclusion programs

Patrons may select to ban themselves, VOLUNTARILY for 1 year, 5 years or Lifetime

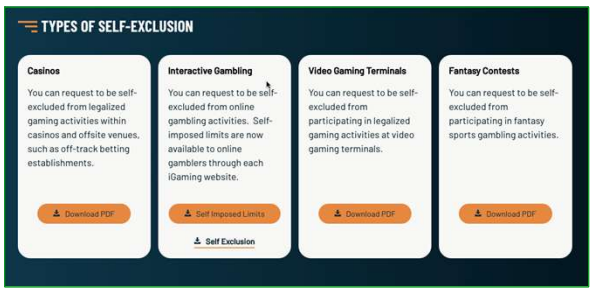
Features include:

- Removal from mailing data bases
- No check cashing / credit / player club membership
- Fines / Possible Arrest & Citation



www.responsibleplay.pa.gov

Self-Exclusion



Gamban

Council on Compulsive Gambling of Pennsylvania, Inc. • 1-800-GAMBLER®

Problem Gambling Screens and Assessments

Council on Compulsive Gambling of Pennsylvania, Inc. • 1-800-GAMBLER®

Problem Gambling Screening Tools

- Brief Screen - "Lie-Bet"
  - NODS PERC and NODS CLiP
  - Brief BioSocial Gambling Screen (BBGS)
- South Oaks Gambling Screen (SOGS)
- SOGS-RA - Adolescent Screen
- National Opinion Research Center DSM Screen for Problem Gambling (NODS)
- G.A. / Gam-Anon Twenty Questions

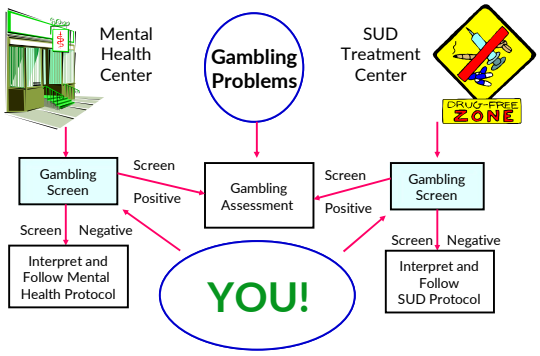
Why Screen for Gambling Disorder?

- High risk of gambling problems among individuals diagnosed with substance use and mental health disorders

(Himelhoch et al, 2015; Ledgerwood et al, 2002) (Rush et al, 2008)

- Not addressing gambling issues
  - Decreases treatment effectiveness
  - Adds to treatment costs
- Early intervention and treatment work

No Wrong Door – Integration of Services



SBIRT

Screening, Brief Intervention, Referral to Treatment

- Integrates alcohol & drug discussion into clinical workflow
- Education/prevention
- Increased curiosity/conversation
- Uses Motivational Interviewing approach
- Referral to treatment when indicated

Introducing….SBIRT for Gambling!

Screening	Brief Intervention	Referral to Treatment
Application of a simple test to determine if individual is at risk for, or may have, a gambling disorder	Explanation of screening results, information on responsible gambling, assessment of readiness to change, advice on change	Individuals with positive results on a screening may be referred to resources for further assessment and/or counseling or self-help resources

It is important to remember that a positive screen does not constitute a diagnosis, even if the screen suggests a high probability of problematic gambling behavior.

Things to consider with Brief Screens

- Developed to screen for most severe gambling problems
  Issues happen on a continuum
- No definition of what 'gambling' is/could be
  List types of gambling
- Use Diagnostic Criteria
  Could be off putting – words matter!
- How questions are asked is vital
  Could be seen as leading, or close off future discussion

FIRST DEFINE GAMBLING

"The following questions are about gambling. By gambling, we mean when you **bet or risk money or something of value** so that you can hopefully win or gain money or something else of value. Examples may include buying lottery tickets/scratch-offs, gambling at a casino, playing bingo, shooting dice, betting on sports, or playing in card games for money…"

Determine Frequency

During the past 12 months how many times have you gambled?

Assess for Potential Problems

- Have you ever felt restless, on edge or irritable when trying to stop or cut down on gambling?
- Have you tried to keep it a secret, just how much you have gambled/been gambling from your family or friends?
- Have you had to ask other people for money to help you deal with the financial problems that had been caused by gambling?

Assess for Potential Problems

- Have you ever gambled to escape from stress or negative feelings?
- Have you ever felt the need to gamble more money to get the same excitement?
- Did you ever find yourself focusing on trying to win back money that you lost?
- Has your gambling ever caused problems in personal relationships or with work?

Ways to Respond

- If someone answers "yes" to any of these questions, further discussion and a more in-depth assessment may be needed
- Ensure the individual understands that the discussion/responses will be kept confidential
- Share information about available resources and recovery options

Brief Intervention

(Petry, 2005)

- Review levels of gambling and gambling disorder
- Dispel myths about gambling
- Risk factors for problem gambling/gambling disorder
- Four steps to reduce risk/harm for gambling problems
  - Limit money
  - Limit time
  - Don't view gambling as way to make money
  - Spend time on other recreational activities
- Keep it Brief - Less than 10 minutes!!!

Referral to Treatment

- 800-GAMBLER®
- Council on Compulsive Gambling of PA
- Department of Drug & Alcohol Programs
  - Treatment Providers
  - Counseling Agencies
- Self-Help / Mutual Aid meeting info

Pennsylvania Problem Gambling Helpline

1-800-GAMBLER

Call • Chat • Text



www.pacouncil.com

COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

Assessments

Assessment Tasks and Goals

- **Engage and Motivate**
- **Convey Understanding of Gambling Problems**
- **Crisis Intervention**
- **Make Diagnoses**
- **Assess Severity and Strengths**
- **Provide Hope and Preliminary Plan**

Perspective Change: Disordered Gambling Integration (DiGIn)

- Addressing gambling/gambling problems for individuals presenting with a primary concern of a substance use or mental health disorder is not just about making a diagnosis or finding cases of gambling disorder
- Rather, this approach involves assuring that the impact of gambling on mental health and substance use recovery is an ongoing topic of conversation in treatment, recovery and prevention settings

Integrated Assessment

- Incorporating into existing assessments
- How might you ask questions related to gambling in each of these sections of your intake or assessment?
  - Medical
  - Financial
  - Family History
  - Substance Use
  - Psychiatric
  - Recreation

Adam



28 years old
Male
Caucasian
Married / No Children

Sports/online gambling & gaming
Gambling since middle school
Family of gamblers

Recognizes problem
Willing to get help
No counselors nearby
GA meetings local / phone meetings
Wife (Erin) is very supportive

Bill

59 years old
Male
Caucasian
Single / No Children

Gambling for many years
Casino table games & Horse Racing
Moved back and forth from PA to NV

Works as actuary - volunteers for youth football league
Has borrowed from friends
Recognizes problem, but could be worse
Facing legal issues (embezzlement)
Filing for bankruptcy



Carol



70 years old
Female
African-American
Divorced (12yrs) / 2 Adult Children

Slot machines / Bingo / 'Social' Games
Enjoys spending time with friends
Enjoys exercising when not gambling

Baptist (faith is very important to her)
Currently receiving Tx for depression
No alcohol/substance use
Concerned about finances
Forgets problems when playing slots

Diego



35 years old
Male
Latino
Married / 2 teenage children

Army veteran (10 years of service)
Slots / Scratch-off tickets
Family is very important to him

Does not recognize problem
Wife (Flora) & kids applying pressure
Trauma as a result of time in military
Feels he should be able to spend money as he wishes - does not want to stop gambling

ccgp
COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

Activity: Applying DSM-5 Criteria

Priorities

- Keep the client alive
- Keep the client in treatment
- What else?

Engaging Problem Gambling Clients

- Be familiar with common crises
- Be ready with problem-solving strategies that emphasize engagement in the treatment process:
  - Financial conflicts – "I'm losing my house…"
  - Family conflicts – "My spouse is leaving me"
  - Mood stabilization – " I can't go on like this anymore…"
  - Vocational conflicts – "I'm going to lose my job"
  - Legal conflicts – "I'm about to go to jail…"
- "I hear what you are saying, and we feel confident that we can help you, we know what to do…"

Other Things to Consider

- Family and Cultural Traditions
- Severity
- Current Realities
- Progression
- Costs
- Psychosocial History
- Motivation Cycle / Stage Identification
- ???

Change Planning

- What would you like to be different
- What could you do to get started?
- If the first step is successful, then what?
- Who could you ask for support?

Menu of Options

- Gambler's Anonymous or Gam-Anon
- Brief Interventions
- Limited Gambling/Harm Reduction
- Abstinence
- Self-Exclusion
- Problem Gambling Specific Treatment

Treatment Planning

Council on Compulsive Gambling of Pennsylvania, Inc. • 1-800-GAMBLER®

Potential Treatment Options

Psychodynamic
Behavioral and Cognitive Behavioral
Motivational and Brief Interventions
Transtheoretical Model
Stages of Change
Pharmacotherapy
Marital/family
Financial Counseling
Mindfulness Based

COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

Gambling Counselor Training Week 2 – Session 3

Council on Compulsive Gambling of Pennsylvania, Inc.
Josh Ercole, Executive Director

Jody Bechtold
Consultant to CCGP

Gregory Krausz
Consultant to CCGP

Lori Rugle, Ph.D.,
Consultant to CCGP

Structuring the Treatment of Gambling Disorder

- Goals for Clients
  - To structure the process of recovery
  - To enhance motivation and commitment to recovery, health and well-being
  - To increase the client's understanding of the role and meaning of gambling in his/her life
  - To develop more effective coping skills and affect management

Structuring the Treatment of Gambling Disorder

- Goals for Clients
  - To increase honesty with self and others
  - To encourage self-awareness and curiosity
  - To facilitate generalization of learning outside of therapy
  - To emphasize the need to do as well as talk
  - To enhance self-esteem through honest effort

Goals

- Summarize
- What would you like to do now?
- Menu of Options
  - Abstinence
  - Limited Gambling
  - Harm Reduction
  - Monitor/Functional Analysis
  - Workbook
  - Counseling
  - Family Involvement
  - Etc
- Plan

ccgp
COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

Treatment Plan Structure Activity

Council on Compulsive Gambling of Pennsylvania, Inc. • 1-800-GAMBLER®

- The basic principle of cognitive behavioral therapy for pathological gambling is to identify negative thoughts, cognitive distortions, and erroneous perceptions about gambling that are responsible for continued gambling

- www.ncbi.nlm.nih.gov/pmc/articles/PMC3000184/esponsible for continued gambling

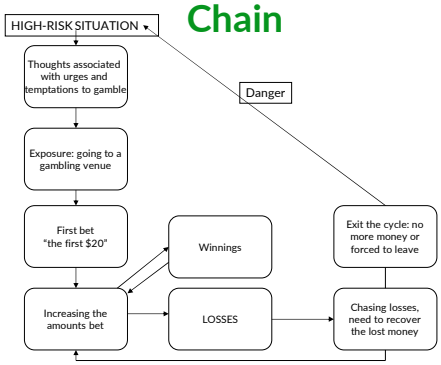
Cognitive Behavioral Approaches

- Irrational Thoughts
  - **Illusions of Control**
    Ladouceur et al., 1998; Petry, 2000
  - **Irrational and Distorted Thinking**
    Breen et al., 1999; Ladouceur & Walker, 2000
  - **Superstitious Beliefs**
    Tonetto et al., 1997;
  - **Interpretive Biases**
    Attribution, Gambler's Fallacy, Near Misses
- Structured Interventions/Assignments
  - Insight to Action Connection
- Coping Skills and Relapse Prevention
  Sylvain et al., 1997; Petry, 2000

Treatment Program (Ladouceur)

- Pretreatment Assessment
- Session 1: Motivational Enhancement
- Sessions 2-3: Behavioral Interventions
- Sessions 4-10: Cognitive Interventions
- Sessions 11-12: Relapse Prevention
- Session 13: Post-treatment Assessment
- Session 14 Follow-up Assessment

Problem Gambling Behavioral Chain



Cognitive Distortions in Problem Gamblers

- Magnified Gambling Skill
- Talismanic Superstitions
- Behavioral Superstitions
- Cognitive Superstitions
- Attribution Errors

Cognitive Distortions in Problem Gamblers

- Gambler's Fallacy
- Anthropomorphism
- Selective Memory
- Over-interpretation of Cues
- Aligning with luck

Cognitive Distortions in Problem Gamblers

- Luck as a variable
- Luck as a Trait
- Luck as a Contagion
- Probability Biases
- Illusory Correlation

http://www.problemgambling.ca/en/resourcesforprofessionals/pages/gambling%20related%20cognitive%20distortions.aspx

Irrational Ideas about Gambling Held by Some Gamblers

- Gambling is an easy way to earn money
- My gambling is under control with some effort
- I do not have to quit; I can just cut down on my gambling
- I can win it back
- I have a system to beat the odds
- Gambling isn't the problem…Money is the problem
- I'm not stealing…I'm just BORROWING
- The more money I have to gamble with the more I can win

[Adapted from "In the Shadow of Chance," and Internet book by Julian I. Taber, 1998.]

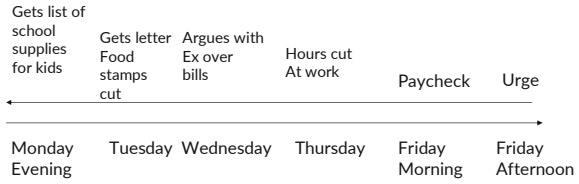
Techniques

- Cognitive Restructuring
- Activity Scheduling
- Graded exposure
- Successive Approximation
- Mindfulness Meditation
- Skills Training
- Problem Solving
- Relaxation Breathing Training

- http://cogbtherapy.com/cognitive-behavioral-therapy-exercises/

Identification of Triggers

Trigger Timeline



Distorted Thoughts Activity

(apply to participant cases)

Motivating Problem Gamblers

- Everyone is motivated, but not everyone is aware of their motivation
- Trapped by Ambivalence
- Conflict between Indulgence & Restraint

Motivational Interviewing

- Client Matching
  - Nothing Works for Everyone
  - Counselors must be comfortable with this or they may feel frustrated with a slow paced, ineffectual approach

Mindful Motivational Enhancement Role of the Therapist

- Active
- Directive
- Communicate Understanding of Gambling Problem
- Acknowledge Gambler's Ambivalence
- Non-Shaming Discrimination
- Establishing environment of trust and honesty

OARS

- Open Ended Questions
- Affirmations
- Reflections
- Summaries

ccgp
COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

Motivational Interviewing Activity

Council on Compulsive Gambling of Pennsylvania, Inc. • 1-800-GAMBLER®

Transtheoretical Model

- Stages of Change
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance
  - Termination?
- Multiple Addictions & Stages of Change

Engaging Problem Gambling Clients

- What concrete help (menu of options) do you have for them that matches motivational level to address common problems?
  - Help to sort out and manage emotions
  - Structure problem solving
  - Budget and Pressure relief, CCCS
  - Help family to understand, cope..
  - Local attorneys, etc.
- What few items of basic client education can you offer to help each client better understand this is a disorder and help is available?

Engaging Problem Gambling Clients

- Speak to the client in specific terms they can relate to directly. Begin to bring structure to chaos.
- Simple things can bring structure

Readiness Rulers

How Important is it...How confident are you...How ready are you...

1	2	3	4	5	6	7	8	9	10

Not At All — Very Much

Motivational Traps

- Confrontation-Denial Trap
  - Counselor through best intentions presents information to move client to awareness of their gambling problem and its consequences and prescribes course of action too quickly
  - Client response: " My problem isn't that bad and I don't really need to do all that"
  - Natural result of client's ambivalence.
  - If counselor argues for one side of the conflict, client will take opposing side

Motivational Traps

- When confronted more forcefully, client can argue themselves out of any change at all in order to "win" therapy (win-lose therapy)
- Confrontation – Denial Trap Solutions
  - Listen
  - Empathic reflection
  - Elicit self-motivating statements

Motivational Traps

- Premature Focus Trap
  - Focusing on gambling as the problem while the client's focus is on other issues
- The Blaming Trap
  - Client's sensitivity to being "blamed"

Motivational Traps

- Labeling Trap
  - Labels can carry stigma
  - Can create power struggle - Client can feel trapped
  - Can lead to confrontation-denial trap
- Labeling Trap Solutions
  - De-emphasize label
  - If client raises the issue can respond with reflection and reframing

Difficult Clients: Styles of Client Resistance

- Arguing
- Interrupting
- Denying
  - Blaming, Disagreeing, Excusing, Claiming impunity, Minimizing, Reluctance, Unwillingness to change, Pessimism
- Ignoring
  - Misdirection, Inattention, Non-answer, Not responding

Ask offer ask

- What bits of education/information would you offer to?
- What would motivate him to come in for another session?
- Ask – How helpful was this session or how well did this session meet your needs?
- How well did I listen to your needs and concerns?
- How well did I respond to your concerns and questions?
- If you would like to have another appointment, how many sessions do you expect would be best?

Identifying Gambling Urges and Cravings

- Need to develop awareness of gambling thoughts and urges
- Often not recognized prior to gambling episode
- Can be experienced as a range of thoughts that at first may seem unrelated to gambling

Coping with Urges and Cravings

- Avoiding High Risk Situations
  - Identify Triggers and Risk Factors
  - Which can be avoided?
- Distracting Activity/Redirect Attention
  - Simple, engaging activity (mental calculations, counting, exercise, hobby, etc.)
  - Delay acting on urge

Coping with Urges and Cravings

- Urge surf
  - Relaxation Techniques
  - Acceptance
  - Study the craving, changes, ebbs and flows, etc.

Coping with Urges and Cravings

- Challenge and change thoughts
  - Play through to negative consequences
  - Recall benefits of recovery
  - Recall moment of clarity, un-ambivalent motivation
  - Recall list of rational thoughts

Coping with Urges and Cravings

- Challenge and change your thoughts
  - Imagery of craving (devil, degenerate, etc.)
  - Talk about craving
  - Write about craving
  - Talk to craving - what are you trying to tell me?

Relapse, Recycle, Recovery

- Fantasy Life/Dream World
- Irrational Thinking
- Continued Action/Escape Thinking
- Money/Debt
- Risky Occupations
- Poor Social Skills
- Shame and Humiliation

Relapse, Recycle, Recovery

- Relationship Conflict
- Lack of Support System/Isolation
- Boredom
- Dishonesty
- Defenses
- Legal Problems/Illegal Activities
- Comorbidity

Harm Reduction and Problem Gambling

- What is Harm Reduction?
- Is harm reduction for problem gambling comparable to harm reduction for alcohol and drugs?

Harm Reduction and Problem Gambling: Basic Principles

- Harm reduction is a public health alternative to the moral/criminal and disease models of addiction

Harm Reduction & Gambling Treatment

SUBSTANCE ABUSE

- Any use of a substance is mind altering
- A recovering addict can avoid all forms of substance abuse
- Recovering addicts can avoid people, places and things

PROBLEM GAMBLING

- Not all forms of gambling put the gambler in action
- Recovering gamblers cannot avoid ALL forms of gambling
- Recovering gamblers cannot avoid people, places and things in an actively gambling culture

Harm Reduction & Gambling: What it isn't

- H.R. isn't controlled gambling
- H.R. isn't a replacement or alternative for abstinence
- H.R. isn't for use with only one age group or gender
- H.R. isn't only for use when all else fails.

Harm Reduction & Gambling: What it is

- **E**nters into a supportive relationship
- **N**on-blaming
- **G**ives options
- **A**ccepts their choices
- **G**ains awareness
- **E**ducates around potential harm or risk

HARM REDUCTION IN PRACTICE I

- **Client Takes Responsibility of Choice**
- **Examines Options and Chooses Plan for Recovery**
  - Abstinence Plans *with* Structured Support
  - Abstinence Plans *without* Structured Support
  - Risk Reduction *with* Structured Support
  - Risk Reduction *without* Structured Support
- **Counselor supports and recommends,**
  - guides use of clients choice - FEEDBACK

Harm Reduction
Limited Gambling vs. Abstinence

- **Assessment Goals**
  - To explain the process of counseling
  - To collaborate with client in defining what is problematic in client's life
  - To facilitate exploration, clarification, and enhancement of client's motivation
  - To define mutually acceptable counseling goals
  - To establish process and priorities for meeting counseling goals

Harm Reduction
Limited Gambling vs. Abstinence

- **Assessment**
  - Conducted in partnership
  - What does client consider most serious problem(s)
  - What are problems that client may be less focused on or aware of?
  - What does or would family or friends consider to be a problem?
  - Which problems are most threatening to client's life or lifestyle?

COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

Gambling Counselor Training
Week 2 – Session 4

Council on Compulsive Gambling of Pennsylvania, Inc.
Josh Ercole, Executive Director

Jody Bechtold
Consultant to CCGP

Gregory Krausz
Consultant to CCGP

Lori Rugle, Ph.D.,
Consultant to CCGP

Behavioral Approaches

- Exposure-extinction strategies
  - Imaginal desensitization more effective than other exposure techniques over average of 5 years *(Blaszczynski, McConaghy et al.,1991)*
  - Gambling imagery paired with relaxation rather than arousal
  - Playing through to consequences
  - Repetition

Imaginal Desensitization + MI (Jon Grant)



- Session 1: MI
- Session 2: Finances
- Session 3: Behavioral Interventions
- Session 4: Imaginal Exposure
- Session 5: Cognitive Tx
- Session 6: Relapse Prevention
- Session 7: Family Session (Optional)

Imaginal Exposure

Client Script: Describe situation where you typically would engage in gambling

- Describe exactly what you imagine happening step-by-step and your urge to gamble
- Describe as many details about experience as possible, including what you imagined/saw, heard, smelled, etc.

Imaginal Exposure

- If relevant, would you be using alcoholic, drugs, smoking, etc.
- What physical symptoms are you aware of (heart rate, sweating)
- What negative consequences do you anticipate from gambling
- Imagine coping with the urge, and resisting, gambling
- Consider the positive consequences of not gambling

What if the exposure triggers my urge and I end up slipping and engaging in impulsive behavior?

- Goal of exercise is to activate urges and accompanying thoughts, feelings, and physical symptoms associated with gambling
- The negative portion of the exposure is designed to be a potent reminder of what actually happens during clients gambling, and will likely have the effect of decreasing urge not long after it was activated
- Through the repeated practice of reviewing imaginal exposure session, expectation is to gain more insight and be less reactive to gambling triggers

Contingency Management

- Based on principles of operant conditioning
- Three Behavioral Tenets of CM:
  - Frequent monitoring of target behavior
  - Providing tangible reinforcement for completion of target behaviors
  - Remove reinforcement when target behavior does not occur
- Typically added to other form of Tx



Contingency Management

- CM Outcomes in SUD Treatment
  - Participants stay in treatment longer (Higgens et al, 1994; Petry et al., 2000)
  - Longer duration of continuous abstinence (LDA) during treatment (Petry et al., 2005)
  - Regardless of type of treatment LDA associated with long term success.

Contingency Management

- Applying CM to Problem Gambling Tx
  - Cannot reinforce gambling abstinence since no objective measure
  - Reinforce compliance with homework
  - Reinforce GA attendance
  - Reinforce recovery oriented behaviors

Contingency Management Clinical Application

- Counselors make final decision about whether completion adequately proven (with input from group)
- Reward = low cost gift card, gas card, dinner voucher, etc.
- Can "spend" right away or save up

Contingency Management Clinical Application

Client responses

- Very low drop out
- Majority of clients complete activities
- Activities often therapeutic
  - by a spouse, "We went out to dinner using the 'reward' and it was the first time in a long time we focused on each other"

Contingency Management Clinical Application

Client responses

- Rewards
  - Many clients state they enjoy the group and 'rewards' aren't main reason they come
  - Use to reinforce recovery activities, "I used my 'reward' to do XXX and realized now much of life I have been missing by gambling."

Using Motivational Strategies with GA

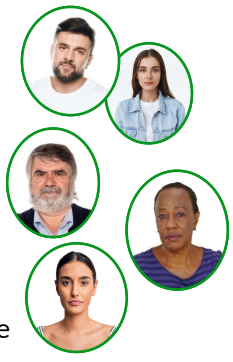
- Space for Open Discussion
- Use of 20 Questions to elicit curiosity
- Have peer available to meet with client(s)
- Review combo book and other GA literature – what fits
- Problem solve obstacles
- Practice meeting
- Buddy system
- Know your local GA community
- Deeply understand the 12 Steps

Nature of GA Meetings

- Open/Closed
- Cross Comment
- Clean Date
- Ask to respond to 20 Questions
- Often everyone is asked to talk or read
- Budget and Pressure Relief

AA and GA Meetings

- Fewer meetings
- Few Lead or Step meetings
- Smaller
- Downplay spirituality
- Meetings often longer
- Sponsorship not as available



Alternative Recovery Options: Groups

Smart Recovery

Celebrate Recovery

Gamblers in Recovery

Recovery Road Online Fellowship

The Broke Girl Society

Women Gamblers in Recovery

Alternative Recovery Options: Apps

Evive

RecoverMe

My Gamblers Anonymous Toolbox

Gamban

Alternative Recovery Options: Podcasts

Hello, My Name is Craig

All In: The Addicted Gambler's Podcast

The After Gambling Podcast

The Broke Girl Society

Fall In (Military Service Members & Veterans)

Problem Gambling & Recovery Planning: ASAM Criteria

Questions like:

"What is best care? Who provides best care?"

What are acceptable outcomes?

Total lifelong abstinence, reduced number of relapses, reduced negative consequences, the use of harm reduction, etc. - all part of providing care to individuals w/gambling problems & their families

We have moved away from one size fits all Tx

Problem Gambling & Recovery Planning: ASAM Criteria

Treat the person not the reimbursement

Is treatment at your agency about the program or the patient?

Assessment tools for individualized treatment.

Practice guidelines that direct placement and treatment - flexible, evidence-based, stage appropriate, culturally sensitive.

Prioritizing Recovery: Where to Begin

Crisis Intervention vs. Recovery Planning:

Immediate Life Threat/Safety

What will engage and motivate

- Do we view the world through the client's eyes
- What does the client want most
- How can we help client to utilize strengths

Stabilization/Obstacles to Psychosocial Tx

Problem Gambling & Treatment Planning: ASAM Criteria, 2013

- **Adult Levels of Care:**
  - Level 0.5 Early Intervention
  - Level 1 Outpatient Services
  - Level 2.1 Intensive Outpatient (IOP)
  - Level 2.5 Partial Hospitalization (PHP)
  - Level 3.1 Clinically Managed Low-Intensity Residential
  - Level 3.3 Clinically Managed Population-Specific High-Intensity Residential
  - Level 3.5 Clinically Managed High-Intensity Residential
  - Level 3.7 Medically Monitored Intensive Inpatient
  - Level 4 Medically Managed Intensive Inpatient
  - OTP Opioid Treatment Program (Level 1)

Problem Gambling & Treatment Planning: ASAM Criteria

- Six dimensions (+ 1):
  1. Acute intoxication/withdrawal potential
  2. Biomedical conditions and complications
  3. Emotional, behavioral or cognitive conditions and complications
  4. Readiness to change
  5. Relapse, continued use or continued problem potential
  6. Recovery/living environment
  7. Financial (added for disordered gambling)

Levels of Care & Triage Dimensions

	Early (Brief) Intervention	Standard Outpt	IOP/ Part Hosp	Resident	Inpatient
Acute Intox/ Withdrawal					
Biomedical					
Emot/Behav /Cognitive					
Readiness to Change					
Relapse/Cont. Gambling Potential					
Financial					
Recovery Environment					






Treatment Plan Mapping

Texas Institute of Behavioral Research (TCU 2007)

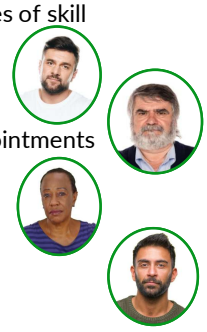
- Develop collaborative understanding of client's concerns, hopes, aspirations
  - How did you get to this point?
  - Map of you today
  - Current concerns and priorities
  - What do you hope will be better/different as a result of counseling/recovery?

What is your plan?

- How important is it to you to make any change in your planning?
  - 0…1…2…3…4…5…6…7…8…9…10
  - Not at all Extremely
- How confident are you that you can change
  - 0…1…2…3…4…5…6…7…8…9…10
  - Not at all Extremely
- What will be your first step?

Difficulties Related to Treatment

- There is no such thing as chance
- Viewing games of chance as games of skill
- Believing in the idea of Control
- Gambling is exciting
- Refusing to change thoughts
- Tardiness, Absences, Missed appointments
- Lying during therapy
- Lack of cooperation
- Depression and Suicidal Ideation
- Financial Issues



Maneuvering thru the Jungle of Co-Occurring Disorders & Gambling Treatment

- 2016 study of 183 treatment seeking individuals at a community outpatient addiction program found:
- Rates of co-occurring PG (18.6%) and GD (10.9%) were strikingly higher than the rates of those found in general population (~2% and 0.5%)
- Concluded: In the era of the continued gambling expansion, these results call for creation and/or adjustment of clinical addiction services to meet emerging preventive and therapeutic needs.

Elman et al, 2016

Lifetime Co-morbidity

Kessler et al., 2008 (National Comoribidty Survey Replication)

		Temporal Sequence (For those with PG and other disorder		
Disorder	Prevalence of Disorder amg. PG	PG First	Other Disorder First	Onset at same time
Any mood Disorder	55.6%	23.1%	64.1%	11.7%
Any anxiety disorder	60.3%	13.4%	82.1%	4.5%
Any impulse control disorder	42.3%	0%	100%	0%
Any substance use disorder	42.3%	36.2%	57.4%	6.4%

Co-occurring Issues & Personality

Lister et al (2015)

- Problem/disordered gamblers with co-occurring lifetime alcohol dependence demonstrate addictive behavior across multiple domains and report a personality style characterized by hopelessness, impaired control, and resistance to externally-motivated treatment approaches

Gambling Disorder and PTSD

Ledgerwood & Milosevic (2015)

- Over 19% of participants met criteria for a lifetime diagnosis of PTSD:
  - Mostly women
  - Lifetime and current anxiety disorder.
  - Lifetime major depressive disorder
  - Current dysthymic disorder
  - Lifetime substance use disorder and dependence
  - More likely to use gambling as a way to cope with negative emotions and experienced greater negative emotionality



Gambling Disorder and Mood Disorders

Lister et al, 2015

- Co-occurring MD associated w/higher scores for:
  - Alienation and stress reaction
  - Lower scores for well-being
  - Social closeness
  - Control
  - Higher impulsiveness scores for urgency
  - Lower sensation seeking scores

Gambling as self-medication for COD's

- Gambling acts as antidepressant
- Gambling acts as a stimulant
- Gambling numbs out
- Gambling enhances dissociation
- Gambling acts as anti-anxiety agent

Individual vs. Systemic

- Assess for DSM Diagnosis
- Individual therapy
- Linear
- Internal processes (cognitions & feelings)
- Individual experiences and perspective
- Change Individual
- Assess for family process and rules
- Family therapy
- Circular
- Family relationships and roles
- Family and community experiences
- Change system

The family system…

- is greater than the sum of its individual systems
- performs specific functions
- develops system and subsystem boundaries
- changes if any part of the system changes
- continuously adjusts to create a balance between change and stability - homeostasis
- is best understood using circular causality rather than linear causality

1st and 2nd Order Change

- First order: something changes according to the rules of the system.
  - Logical solutions to a problem (e.g. cold outside, turn up the heat)
- Second order: the rules change and therefore the system itself changes
  - (Judge mandates jail, father has to acknowledge the problem)

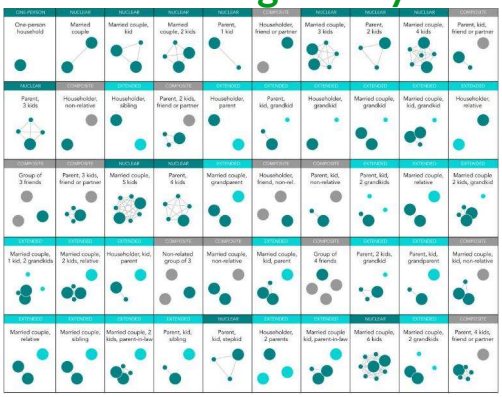
The Family Systems Perspective

- Individuals – best understood through assessing interactions within the entire family
  - *e.g. A family with a parent diagnosed with Gambling Disorder has attitudes and responses that influence the level and severity of symptomatic behavior. Those behaviors in turn influence the attitudes and responses of all the family members.*

The Family Systems Perspective

- Problematic behaviors
  - Serve a purpose for the family
  - Unintentionally maintained by family process
  - Are a function of the family's inability to operate productively
  - Are symptomatic patterns handed down across generations

Redefining Family



Flowing Data / Nathan Yau, 2016

Family Impact

- 8-10 other people are affected by every 'pathological gambler'. *(Lobsinger & Beckett, 1996)*
- Consequences include but are not limited to:
  - Financial losses
  - Communication problems
  - Trust Issues
  - Chronic lying
  - Legal problems
  - Domestic violence

Problem & Disordered Gambling: Working with the Family

- The *RELATIONSHIP* is the Client
  - Which family/support members are forming the identified relationship?
  - Who has the power in this relationship?
  - Can we ally with the power base in the family?
  - Identify the reality based needs (food, utilities, etc.)
  - Identify the intimacy based needs (anger, trust, etc.)

Problem & Disordered Gambling: Working with the Family

- Think Family First.
  - More Objective Data on the individual's Behavior
  - Family Often Represents the Ultimate Level of Motivation for the Individual
  - Helps combat the High Drop Out Rate
  - Opportunity to Educate the Family Against Bailouts
  - Relationship Counseling Reduces Communication Delays Among Family and Counselor

A Couples Modality = Greater Inroads in Treatment (Ciarrocchi 2001).

Problem & Disordered Gambling: Working with the Family

- Begin with Crisis "Mismanagement"
  - Identify 'The Clients' Priorities
  - Identify Your Priorities
- Negotiate Treatment Plan Goals Inclusive of Reality and Intimacy Issues
- **CAUTION**:
  - Doing Too Much Too Soon Can Become a Bailout for the Family
  - Carefully address the Timing of Your Interventions

Problem & Disordered Gambling: Working with the Family

Three Common Family Responses

(Ciarrocchi 2001)

- **Accepts** the individual w/little loss of intimacy
- Develops a relationship with individual of a **parallel existence**, emotionally cold, some level of interaction, may have appearance of unity but tacitly has minimal expectations around intimacy, protects self and **coexists**

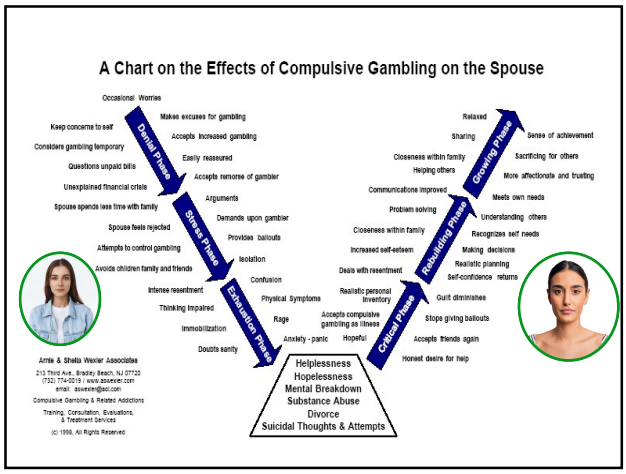
Problem & Disordered Gambling: Working with the Family

Three Common Family Responses

(Ciarrocchi 2001)

- Family remains together, but with intense conflict. Regardless of gamblers abstinence family remains **chronically angry.**

*Families are **dynamic systems**, change over time, may range from rage to indifference, emotions shift*



Family Treatment

- Impact
  - *Most commonly reported items*
    - Trust
    - Anger
    - Depression or Sadness
    - Anxiety
    - Distress (due to gambling-related absences)
    - Reduced Quality Time
    - Communication Breakdowns

Dowling et al, 2016

Family Treatment

- Education
  - Gambling Disorder as a psychiatric, biopsychosocial, spiritual, cultural disorder
  - Role of and introduction to 12-step Groups
  - Role of Budget and Pressure Relief or other financial/credit agencies
  - On co-occurring psychopathology and risk factors as well as pathological gambling
  - Coping with suicidality

Family Treatment

- Education
  - Interaction of gambling progressions and psychopathology
  - Maintaining personal & financial safety for family
  - PG as potentially recurring, chronic disorder
  - Restitution and Money Management
  - Creating Family Financial Safety Plan

Family Treatment

- Assess need for individual counseling for family members
- Time for expressing anger, fear, distrust
- Specific counseling around abuse/ domestic violence
- Facilitate discussion around issues of separation/divorce

Family Treatment

- Counseling on limit setting, detaching with love
  - "Detach with an attachment"
- Issues of vulnerability (financial & emotional)
- Release of Information and Confidentiality
- Accountability and Responsibility

Family Treatment

- Help family understand shared dynamics / pathology
  - Listening and communication skills
  - Here and Now orientation
  - Maintaining adult ego state
  - Conflict resolution and Problem Solving Skills

Family Treatment: Special Issues

- When the individual with the gambling issue is not involved in recovery
- When the individual with the gambling issue is involved in recovery

Problem & Disordered Gambling: Working with the Family

- Assessment: Begin with courtship history.
  - Puts couple at ease, some humor found, positive frame
  - List attractions each partner had for the other
  - Spouses find qualities intricately connected to the gambling behavior

Problem & Disordered Gambling: Working with the Family

- Individual sessions assess: ideal degree of closeness and control desired in relationship.
- Also assess for issues of infidelity, sexual abuse or domestic violence out of joint session.
- Minimize blaming, goal is increased tolerance and acceptance.

Problem & Disordered Gambling: Working with the Family

- Present couple with formulation of how things got the way they are.
  - A tentative hypothesis for which the couple provides feedback
  - Provides a tool for empathic joining- problem is the "it", not him or her, or him and him, or her and her.
- Polarization vs. acceptance: each tries to change the other, digs in heels, acts out, control battles…

Problem & Disordered Gambling: Working with the Family

CRAFT

- Community Reinforcement and Family Training
- Non-confrontational approach to Tx entry
- Designed for the concerned other (spouse, family member, friend)
- High success rate - getting people into Tx over traditional strategies

Problem & Disordered Gambling: Working with the Family

CRAFT

- Especially useful for family who has seen previous attempts fail & is worn out
- Appealing approach to those who are turned off by harsh confrontational interventions
- Process based on the idea that no one has better information about the behavior of the individual than the family

Family Reassessment & Discharge Planning

- Final Assessment
  - Family's perspective on how the gambler has met treatment goals
  - Family's perspective on meeting their own treatment goals
  - Does the family have any additional/ongoing treatment needs
  - Process for family to re-engage in treatment if needed

Family Reassessment & Discharge Planning

- Final Assessment
  - Discussion of relapse warning signs
  - How can family provide feedback
  - How can gambler listen to feedback
  - Gambler's and Family members' triggers

COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

Gambling Counselor Training
Week 3 – Session 5

Council on Compulsive Gambling of Pennsylvania, Inc.
Josh Ercole, Executive Director

Jody Bechtold
Consultant to CCGP

Gregory Krausz
Consultant to CCGP

Lori Rugle, Ph.D.,
Consultant to CCGP

Problem Gambling & Gender in the U.S.

(Welte et al., 2002, 2016)

2001

- 2.9% female problem or pathological
- 4.2% male problem or pathological

2011

- 2.5% female
- 6.8% male

191

2025 PA Helpline

~27% of Intake Calls were made by females

Women – Gender Specific

- More rapid progression in part to preference of 'continuous play' forms of gambling
- Female gambling is often differently motivated:
  - Escape from personal pressures, boredom, a depression
  - Tend to employ inefficient "emotion-focused" coping strategies (avoidance strategy)

Therapeutic Models to Consider

- Empowerment Models
- CBT – Enhance Empathy *(Karter, 2013)*
- Trauma Recovery (or referral if you are not skilled)
- Person-Centered Therapy *(Karter, 2013)*
- Culturally-Infused Techniques *(Adell, 2013; Haskins, 2011)*

Women sensitive treatment

- Powerlessness
  - Conflict with feminine movement / societal messages
- Hormones / change of life
  - Medical and psychological considerations
- Abuse issues
  - Successful referral / collaboration
- Harm Reduction
- Shame issues
- Videos – pamphlets
- Connecting women in recovery



Future Directions

- Women represent a rapidly expanding segment of the online gambling population
- Online gambling characterized by
  - Flexible hours
  - Local availability
  - Low price of participation
  - Clean, attractive location
  - Physical safety
  - Availability of childcare
- Similar characteristics may lead to growing numbers of women experiencing difficulties with this new, very private form of gambling

Older Adults

Aging demographics

- 65+
  - 2019 US – 16.5%;
  - PA – 18.7%



- Person reaching age 65 has average life expectancy of an additional 19 years.

Gambling as Leisure

- Often provides an opportunity to socialize with others outside the home
- Potentially provides a way to use cognitive skills and maintain cognitive skills
- May promote some physical activity (depending upon amount of walking or other movement used to reach site)

Older Adults & Gambling

- Some Reasons Why Older Adults May Gamble:
  - Opportunity & Availability
  - Relief of physical pain
  - Disposable income / Limited income
  - Boredom; Free time (retirement/kids move out/etc.)
  - Loneliness and/or Depression
    - Loss of spouse/friends/family
    - Adjustment to new location
  - Limited Recreational Alternatives
    - Physical limitations, social limitations

NORC Survey - Age

While older adults less likely than younger adults to have ever gambled or engaged in past year gambling, they are more likely to gamble weekly

2025 PA Helpline

Less than 15% of Intake Calls made by Adults 55+

2025 PA Helpline

~20% of Intake Calls concerning Adults 55+ were regarding Casino Slots

2025 PA Helpline

~24% of Intake Calls about Adults 55+ were concerning Online Slots

Signs of Older Adult PG

- Secrecy/avoidance when questioned about time and money
- Decline in health
- Higher priority on gambling activities
- Sudden need for money/loans
- Changes in attitude and personality

Treatment

- Treat Co-Occurring psychiatric and medical conditions (e.g., Dementia)
- Reaffirm dignity and identity
- Use Empowerment/Motivational model
- Use retrospective approach
- Include support systems
  - Community social services
  - Family/friends/spiritual community

Youth Gambling and Problem Gambling

- Prevalence rates in the U.S., Canada, Australia, New Zealand and the U. K. regularly show that about 80% of past year underage youth gambling reported
- 4-6% experience severe problems
- 10-15% are at risk for the development of a severe gambling problem.

Youth Problem Gambling Health and Social Issues

Adolescents & gambling:

- Often have lower self-esteem compared to other adolescents
- Prone to engaging in multiple co-occurring addictive behaviors (smoking, drinking, drug use/abuse)
- Have been found to have a greater need for sensation seeking and more likely to take risks and to be excited and aroused while gambling

Youth Gambling: PAYS 2025

Pennsylvania Youth Survey

Asks students in grades 6, 8, 10 & 12 a series of questions to gather information about their knowledge, attitudes, experiences and behaviors towards alcohol, tobacco and other drug use – also included are potentially risky behaviors, including, but not limited to, gambling

2025 statistics:

- 1,064 schools throughout PA
- 267,379 surveys were represented

Youth Gambling: PAYS 2025

Included are past 12 month prevalence measures for:

- gambling for "money or valuables" on:
  - Games such as poker, card games, dice, pool, darts
  - Lottery (scratch-off/numbers)
  - Sporting Events/Sports Pools/Fantasy Sports
  - Online/Internet
  - **NEW IN 2023:** Video Games or Online Gaming
  - Bet/gambled in some other way

A question about gambling for "money/anything of value" in lifetime and the past 30 days is also asked

Youth Problem Gambling: PAYS 2025

Regarding compulsive/dishonest gambling behavior, the Lie/Bet brief screen was added to the PAYS in 2013

- Have you ever felt the need to:

  - bet more and more money?

  - lie to people important to you (family/friends) about how much you gamble?

Youth Problem Gambling: PAYS

State data range over the past three reports:

- ~21% - ~34% = lifetime gambling
- ~5% - ~9% = Past 30 day gambling
- ~3% - ~5% = Felt need to gamble more
- ~1% - ~3% = Have lied about gambling

PAYS – Online Data Analysis Tool

- Allows cross analysis between gambling participation and other risky behaviors
- Evidence that students who gamble are significantly more likely to participate in other risk behaviors
- High risk behaviors tend to cluster - gambling appears to fit within a risk behavior matrix

Gambling Prevention: Goals

- Prevention through risk-reduction
  - individual
  - family
  - peer and social contexts
  - community context
- Risk-reduction by enhancing protective factors
  - attributes of the individual
  - family support
  - environmental support
- Using schools as a basis for prevention through promotion of social/personal competence, thus enhancing resiliency

(Lussier, Derevensky & Gupta, in press)

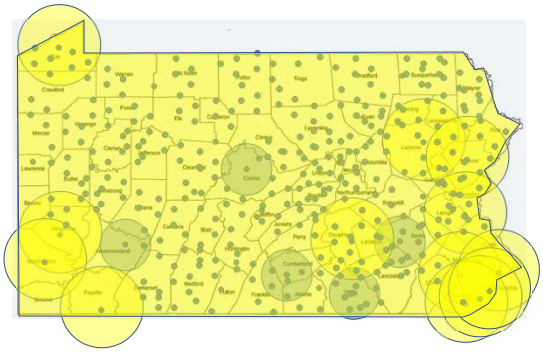
Treatment for Youth with Gambling Problems

- Current treatment paradigms for adolescent and young adults have in general been based upon a number of theoretical approaches and parallel those used for adults:
  - Psychoanalytic, psychodynamic
  - Behavioral
  - Cognitive
  - Cognitive-behavioral
  - Psychopharmacological
  - Biological/genetic
  - Addiction-based and self-help

Internet Gambling

- Currently legal in DE, NJ, MI, NV, WV & PA
- 10/2017 - PA state legislators passed a bill, which was then signed by Governor Wolf that allows for legal online gambling in PA

2025 Online Gambling in PA



Yellow = 25 Mile Exclusion Area Around Licensed Casinos Blue Circle = 15 Mile Auction Reserved Area

2025 PA iGaming Revenue

Year	Slot Machine Revenue	Table Games Revenue	iGaming Revenue	Sports Wagering Revenue	VGT's Revenue	Fantasy Sports Contests	Total Gaming Revenue
2016	$2,360,184,122	$853,238,055					$3,213,422,178
2017	$2,336,212,902	$890,704,25[illegible]					$3,226,917,156
2018	$2,369,885,203	$878,796,[illegible]4		[illegible]2,516,589		$15,309,615	$3,266,507,581
2019	$2,363,085,678	$903,59[illegible]181	$33,599,749	$[illegible]4,112,967	$2,329,540	$25,872,124	$3,412,594,239
2020	$1,355,924,785	$504,30[illegible]266	$565,776,908	$18[illegible]703,465	$16,647,898	$21,148,707	$2,653,511,029
2021	$2,287,529,465	$924,90[illegible]965	$1,112,855,937	$3[illegible]0,113,160	$39,852,039	$29,298,635	$4,734,552,201
2022	$2,390,757,300	$990,56[illegible]468	$1,364,392,468	$4[illegible]1,208,108	$42,079,447	$22,329,896	$5,211,335,687
2023	$2,463,698,452	$971,742,[illegible]64	$1,741,832,079	$[illegible]58,616,339	$41,237,349	$20,091,332	$5,697,218,115
2024	$2,447,354,419	$937,153,8[illegible]	$2,181,669,449	$510,716,858	$41,525,888	$18,668,580	$6,137,089,054
2025	$2,432,109,649	$925,406,724	$2,775,554,529	$602,495,582	$41,478,466	$19,166,770	$6,796,211,719

2025 iGaming Revenue = over $2.7 Billion

Pennsylvania Gaming Control Board, 2025

Online Gambling

- Anonymity
- Invisibility
- Credits
- Instant Gratification
- Anticipation
- Companion
- Fantasy
- Expression
- Ego
- Chasing

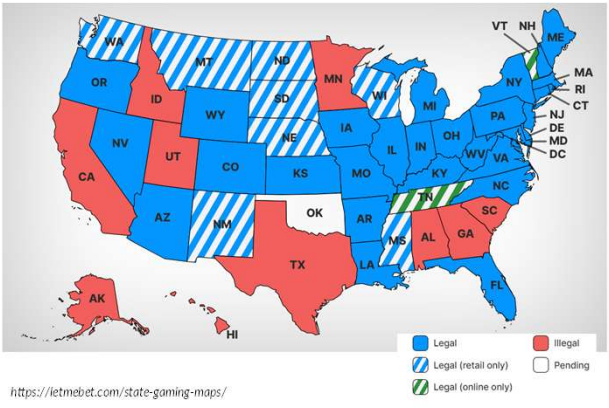
iGaming Protections in PA

- **800-GAMBLER®**
- **Age/ID Verification – 21 and over only!**
- **Self-Imposed Limits**
- **Account Statement Access**
- **Login History / Time Tracking**
- **Responsible Gaming page on website**
- **Required annual employee training on PG**
- **Self-Exclusion / Conscious Gaming PlayPause Program**

May 2018

- **US Supreme Court overturns Professional and Amateur Sports Protection Act (PASPA)**
  - Allowed for states to decide whether or not betting on pro/college sports should/could be legalized

Sports Betting in the US: 2025



https://letmebet.com/state-gaming-maps/

2025 PA Sports Betting

Year	Slot Machine Revenue	Table Games Revenue	iGaming Revenue	Sports Wagering Revenue	VGT's Revenue	Fantasy Sports Contests	Total Gaming Revenue
2016	$2,360,184,122	$853,238,055					$3,213,422,178
2017	$2,336,212,902	$890,704,254					$3,226,917,156
2018	$2,369,885,203	$878,796,174		$2,516,589		$15,309,615	$3,266,507,581
2019	$2,363,085,678	$903,594,181	$33,599,74	$84,112,967	2,329,540	$25,872,124	$3,412,594,239
2020	$1,355,924,785	$504,309,266	$565,776,9	$189,703,465	0,647,898	$21,148,707	$2,653,511,029
2021	$2,287,529,465	$924,902,965	$1,112,855,7	$340,113,160	2,852,039	$29,298,635	$4,734,552,201
2022	$2,390,757,300	$990,568,468	$1,364,392,8	$401,208,108	0,079,447	$22,329,896	$5,211,335,687
2023	$2,463,698,452	$971,742,564	$1,741,832,0	$458,676,339	1,237,349	$20,091,332	$5,697,218,115
2024	$2,447,354,419	$937,153,860	$2,181,669,44	$510,716,858	$41,525,888	$18,668,580	$6,137,089,054
2025	$2,432,109,649	$925,406,724	$2,775,554,529	$602,495,582	$41,478,466	$19,166,770	$6,796,211,719

2025 Sports Betting Handle (amount wagered) = over $8.7 Billion

Pennsylvania Gaming Control Board, 2025

Sports Wagering Protections

Retail sportsbook follows existing casino RG regulations

- Security / Surveillance
- Info / Helpline
- Trainings
- Self-Exclusion
  - 1 year, 5 year, Lifetime term options

Online Sportsbook follows PGCB iGaming RG regulations

Pennsylvania Gaming Control Board, 2021

College Gambling

Approximately 75% of college students have gambled in the past year.

Approximately 25% of schools have gambling policies in place

International Center for Responsible Gaming

College Problem Gambling

- Estimates indicate approximately 6% of college students in the US
- **This represents over 1 million students in the US and approximately 40,000 in PA**

Sports Betting

- Approx. 30% of U.S. college students will gamble on sports this year (NCPG)
- Well-demonstrated relationship of problem gambling with other risky behaviors [1,3]
  - Excessive alcohol use & binge drinking
  - Regular tobacco use
  - Marijuana & other illicit drug use
  - Overeating/binge eating

Sources: 1. Engwall, Hunter & Steinberg (2004). "Gambling and Other Risk Behaviors on University Campuses." Journal of American College Health. 52 (6); 245-255. 2. Shaffer, Donato, Labrie, Kidman, & LaPlante. (2005). The epidemiology of college alcohol and gambling policies. Harm Reduction Journal. 2 (1). 3. LaBrie, R., Shaffer, H., LaPlante, D., and Wechsler, H. (2003). Correlates of college student gambling in United States. Journal of American College Health. 52 (2); 53-62.

PA Helpline Activity

2025

- Over 13% of calls - 24 & under
- Over 5X the call volume of 2017
- 25-34 – over 20% of 2025 calls

What is Gaming?

Google definition:

- **The action or practice of playing video games**
- **The action or practice of playing gambling games**

Internet Gaming Disorder

"A condition warranting more clinical research and experience before it might be considered for inclusion as a formal disorder"

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5.

Gaming Disorder: Proposed DSM-5 Diagnostic Criteria

- Preoccupation
- Tolerance
- Withdrawal
- Escape
- Lying
- Loss of Control
- Risked Relationship
- Continue Despite Negative Outcomes
- Give up other hobbies/activities

Gambling Disorder: DSM-5 Diagnostic Criteria

- Preoccupation
- Tolerance
- Withdrawal
- Escape
- Lying
- Loss of Control
- Risked Relationship
- Chasing
- Bailout

Internet Gaming Disorder

World Health Organization

- 2018 - World Health Organization (WHO) now classifies gaming disorder in their *International Classification of Diseases* (*ICD-11*)

WHO Definition

- A pattern of gaming behavior ("digital-gaming" or "video-gaming") characterized by impaired control over gaming, increasing priority given to gaming over other activities to the extent that gaming takes precedence over other interests and daily activities, and continuation or escalation of gaming despite the occurrence of negative consequences.

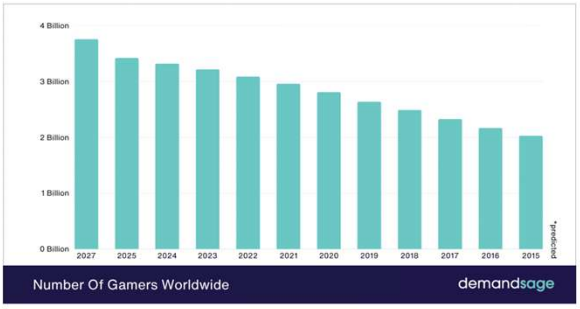
Internet Gaming Disorder - WHO

Diagnosis

- Diagnostic test (questionnaires/structured interviews) will need to be revised to help determine presence of disorder

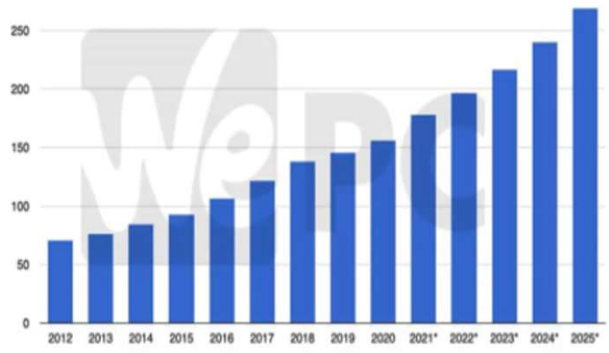
- **Internet Gaming Disorder Scale (IGDS)**
  - standard measure of computer and video game addiction. (Pontes et al., 2015)

Participation

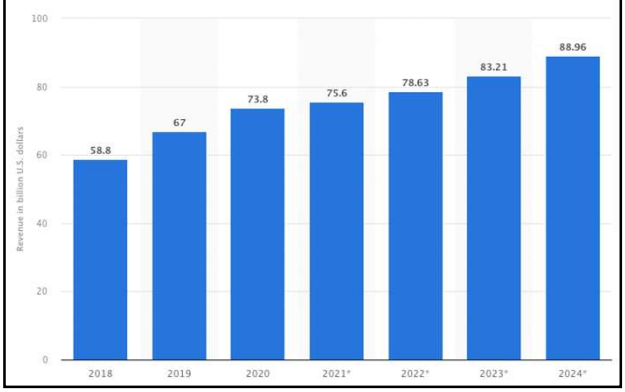


https://www.demandsage.com/gamers-statistics/

The Global Games Market



Free-to-Play Mobile Games Market



Microtransactions

- 'Small' amounts of real-world money spent on virtual items or other advantages
  - In-game items (weapons/skins/level up packs)
  - In-game currencies
  - Additional lives/Expiration
  - Random Chance Purchases

Microtransactions: Loot Boxes

- In-game mechanism allowing players to spend money in video games



- Players are not paying for something specific — instead they are paying for a randomly selected item

Microtransactions: Loot Boxes



Credit: 1800GamblerWV

Loot Boxes & Gambling

Structural similarities

- Exchange of money/something of value
- A future event will determine results of the exchange
- Chance at least partly determines outcome of the exchange
- Losses can be avoided by simply not taking part
- Winners gain at the sole expense of losers

Zendle, et al, 2019 https://doi.org/10.1098/rsos.190049

Loot Boxes & Gambling

By the end of 2025

- 230+ million users will buy Loot Boxes
- Revenues generated by Loot Boxes are projected to exceed $20B by 2025
- An increase from an estimated $15B in 2020

Juniper Research, 2021

eSports

- Form of competition using Video Games
- Multiplayer
- Professional players
- Live streaming
- Video Game Industry shift to follow subculture
  - Real Time Strategy (RTS)
  - Massively Multiplayer Online Role-Playing Game (MMORPG)
  - First-Person Shooter (FPS)
  - Multiplayer Online Battle Arena (MOBA)
  - Sports/Racing

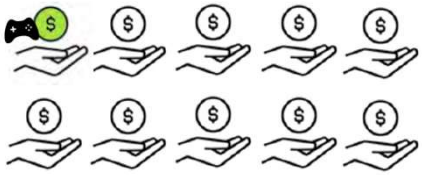
May 2018

- **US Supreme Court overturns Professional and Amateur Sports Protection Act (PASPA)**
  - Allowed for states to decide whether or not betting on pro/college sports should/could be legalized
  - **Applies to eSports**

NCPG
National Council on Problem Gambling



10% of sports bettors in Pennsylvania have bet on eSports



Data source: National Survey on Gambling Attitudes and Gambling Experience (NGAGE), 2019 www.ncpgsurvey.org

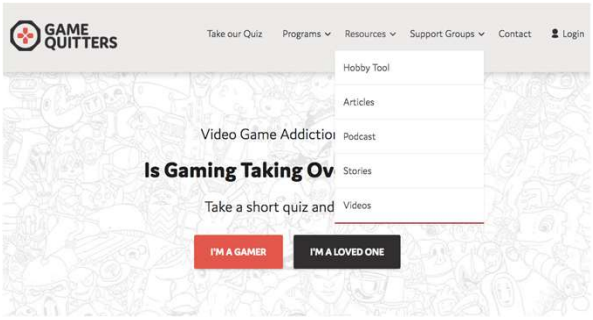
Good vs Bad





www.gamequitters.com

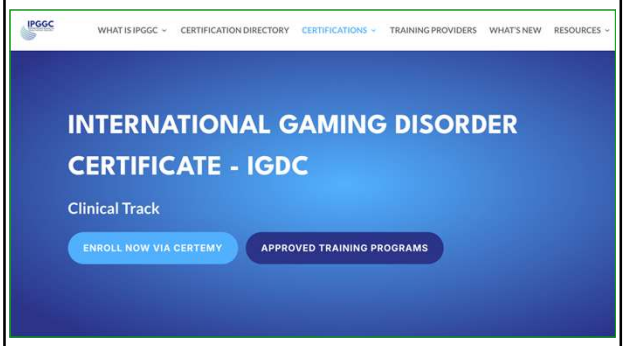
gamequitters.com



Reboot & Recover
rebootandrecover.org



ipggc.org



Gamblers Anonymous
gamblersanonymous.org

Online Gamers Anonymous
olganon.org

Other Types of 'Gambling'

- Day Trading / Stock Market
- Off-shore unregulated sites
- Sweepstakes
- Social Casinos
- Video Games
- Bookmakers
- Skill Games(?)
- Others?



ccgp
COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

Problem Gambling Financial Guide

COUNCIL ON COMPULSIVE GAMBLING OF PENNSYLVANIA, INC.

Gambling Counselor Training
Week 3 – Session 6

Council on Compulsive Gambling of Pennsylvania, Inc.
Josh Ercole, Executive Director

Jody Bechtold
Consultant to CCGP

Gregory Krausz
Consultant to CCGP

Lori Rugle, Ph.D.,
Consultant to CCGP

The Ethical Decision-Making Model at a Glance

- 1. Identify the problem.
- 2. Apply the ACA Code of Ethics.
- 3. Determine the nature and dimensions of the dilemma.
- 4. Generate potential courses of action.
- 5. Consider the potential consequences of all options and determine a course of action.
- 6. Evaluate the selected course of action.
- 7. Implement the course of action

https://www.counseling.org/docs/default-source/ethics/practioner-39-s-guide-to-ethical-decision-making.pdf?sfvrsn=10

Immediate Financial Actions

- Remove your name from:
  - Jointly owned credit cards
  - Joint savings and checking accounts
- Change your PIN on any debit cards
- Open separate safety deposit box (valuables)
- Monitor mail and throw away new offers
- Take over paying all household bills

Immediate Financial Actions

- Refuse to co-sign any loans/other financial obligations
- Alert all creditors of a gambling problem and ask them to stop extending any credit
- Tell family & friends in order to stop lending
- Contact credit agencies (Equifax, Experian, TransUnion)
  - www.annualcreditreport.com
- Have paycheck automatically deposited & agree to a weekly budget

Identifying Income and Assets

- Identify income and assets that can be used to feed the habit
- Establish a spending plan
- Shift control of the finances
- Set up a repayment plan for all debts and avoid bankruptcy
- Decide if investing is an appropriate option

Financial Planning, Restitution & Making Amends

✓**A complete inventory of all debts**

✓**A detailed budget for expenditures and repayment**

✓**Life adjustments that may be needed**

Family Treatment: Financial Planning for Recovery

- **Six Stage Model**
  - Clarify Debt
  - Identify Expenses
  - Identify/Predict Income
  - Create Budget
  - Debt Repayment Plan
  - Money Protection Plan

THE MEANING OF MONEY: To the Impacted Individual

It is often said there are "two kinds of money"

The first is ***real*** money:

- Real money is used to pay bills, buy things, etc.

The second is ***gambling*** money:

- Gambling money is used only for gambling and is never really lost. It is just being *held* by the gambling venue for the individual to re-claim the next time they win.
- Gambling money therefore is of more value and often protected, hidden, etc so the individual can find their way out of debt…endless hope lives in this fantasy.

Asset Protection Plan

- How will I safeguard my money from my gambling?
- Who can help me?
- To whom will I be accountable?
- *Issues to consider*:
  - Gender
  - Safety issues
  - Family dynamics
  - Cultural issues

Asset Protection Plan

- Case examples



Gamfin

ROSC and Problem Gambling

- Working Definition of Recovery:

"Recovery from Alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life."

12 Guiding Principles

1. There are many pathways to recovery
2. Recovery is self-directed and empowering
3. Recovery involves a personal recognition of the need for change and transformation
4. Recovery is holistic
5. Recovery has cultural dimensions
6. Recovery exists on a continuum of improved health and wellness

12 Guiding Principles

7. Recovery emerges from hope and gratitude
8. Recovery involves a process of healing and self-redefinition
9. Recovery involves addressing discrimination and transcending shame and stigma
10. Recovery is supported by peers and allies
11. Recovery involves (re)joining and (re)building a life in the community
12. Recovery is a reality

Framework of ROSC

- ROSC are networks of organizations, agencies and community members
- Coordinate a wide spectrum of services to prevent, intervene in and treat substance use, and gambling, problems and disorders

Recovery Environment

1. Encourages individuality
2. Promotes accurate and positive portrayals of psychiatric disability while fighting discrimination
3. Focuses on strengths
4. Uses a language of hope and possibility
5. Offers a variety of options for treatment, rehabilitation and support
6. Supports risk-taking, even when failure is a possibility

Recovery Environment

7. Actively involves service users, family members and other natural supports in the development and implementation of programs and services
8. Encourages user participation in advocacy activities
9. Helps develop connections with communities
10. Helps people develop valued social roles, interests and hobbies, and other meaningful activities

O'Connell, Tondora, et al '05

Recovery Vision and Values of ROSC

- People in recovery are active agents of change in their lives and not passive recipients of services
- All services can be organized to support recovery
- Person-centered services offer choice, honor each person's potential for growth, focus on strength's attend to overall health and wellness of the client.

Gagne, White, and Anthony '07

ROSC Should Include

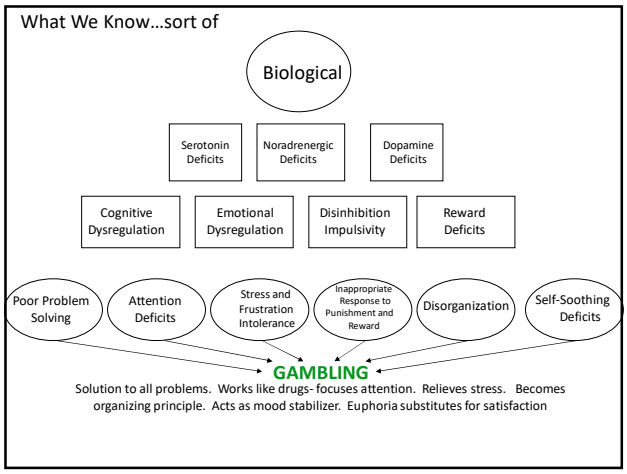
- Multiple pathways to recovery, supported by peers.
- Acknowledgement that Recovery is non-linear
- Service strategies, e.g. Tx, post Tx monitoring
- Early re-intervention and community support
- Essential strategies, e.g. Tx, peer and community support, legal aid, basic and family formation

ROSC- A Recovery Orientation

- Emphasis on choice
- Support autonomous action
- Have a range of opportunities to choose from
- Have full information about those choices
- Increasing personal responsibility for the consequences of choice

ROSC- A Recovery Orientation

- Emotional essence of recovery is HOPE
- Promise things can and do change - today is not the way it will always be
- Key theme is one of meaning, discovery of purpose and direction
  - May be reflected thru work or social relationships or
  - From advocacy and political action or
  - For some meaning is strongly spiritual



Brain chemicals - vulnerabilities

- Serontonin
  - Lower levels in the brain, less able to inhibit their behavior
  - Risk-taking behaviors like gambling
- Dopamine
  - Rewarding feeling associated with behaviors
  - Problems with dopamine system may contribute to vulnerability to addictive behaviors
- Opioid System
  - Problems with opioid system plays a role in regulating urges and the processing of pleasure

Medications

- Antidepressants
  - Prozac – mixed results
  - Lexapro – reduced anxiety driving gambling behavior
- Mood Stabilizers
  - Lithium (bipolar) – mixed results
- Opioid Antagonists – effective treatment for urges and co-occurring alcohol disorders
  - Naltrexone and Nalmefene

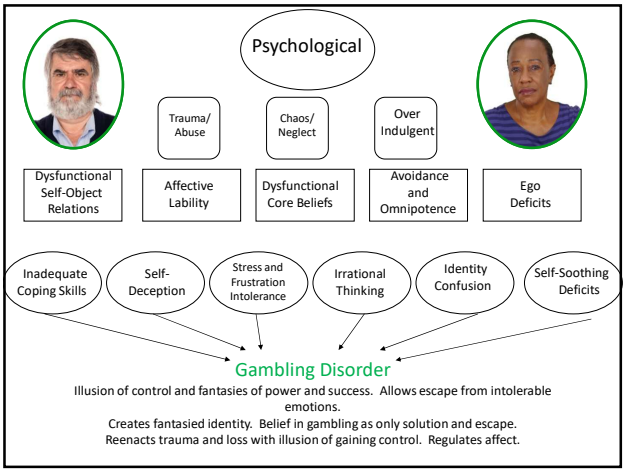
Medications

- Glutamatergic agents
  - N-acetyl cysteine – most beneficial for urges
- Discussion:
  - Variety of medications reduce symptoms of pathological gambling in the short term. No study has examined beyond 6 months.
  - Different classes of medications seems equally effective in reducing symptoms
  - Limited data for medications for PG and other psychiatric conditions

Treatment Algorithm

- N-Acetyl Cysteine, L-Methyl Folate, SSRI or Naltrexone
  - Bipolar – Stabilize then Naltrexone or NAC
- Substance Use Disorder – Naltrexone
- Major Depression – SSRI or SNRI
- ADHD –Bupropion or Strattera

Source: Dr. Ken Nelson



Gambling & Spirituality

- Gambling gives "hope" and "opportunity" for a better life
- Religious affiliation in gambling behaviors:
  - Sanction or endorsed participation
  - Superstitious beliefs, praying to win, rituals, religious medallions as lucky charms
- Strengthen habits to encourage belief that one can increase one's chances

Gambling & Spirituality

- Individuals might attend more religious activities and make promises to "God"
  - "God will treat me well and help me win"
- Feel more spiritual, sensing "God's" presence as they win and lose

Gambling & Spirituality

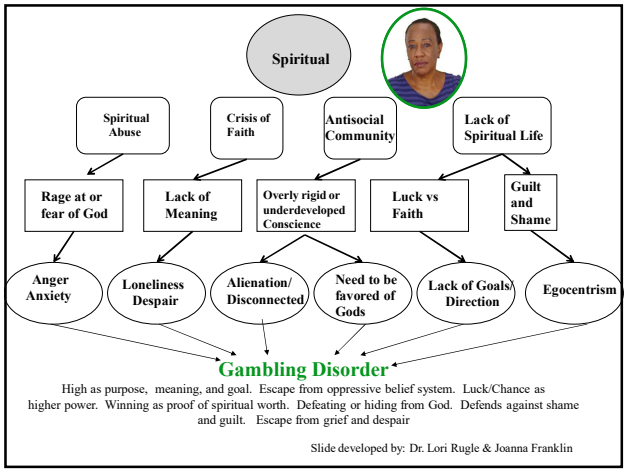
- Religious groups give people strength to recover
  - Associated social supports
  - Regain trust
  - Promote sense of forgiveness
- Spirituality has special healing processes
  - Notion of higher being

Gambling & Spirituality

- People with gambling problems might stop all religious activities
  - In favor of gambling
  - Guilt associated with problem gambling
  - Lying, cheating and stealing
  - Refer to the DSM-5 criteria (borrowing, bailouts, preoccupation)

Gambling or Recovery?

- Where does gambling at one's church / synagogue group help to strengthen unity in spirit?
- Where does the belief in one's reward from a higher source in trying hard is "due" OR is "getting closer" fit?



Thank You!!

Council on Compulsive Gambling of Pennsylvania, Inc.

Josh Ercole
Executive Director
215-643-4542
josh@pacouncil.com

Greg Krausz
CCGP Consultant/Trainer
484-866-6165
gkrausz@marsatp.com

www.pacouncil.com